PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123
(505) 476-9401 fax   (505) 476-9300 or 1-800-342-3422 voice
www.pera.state.nm.us

PERA DIRECT DEPOSIT AUTHORIZATION FORM

Instructions: Please print or type in dark ink. The underline original of this form must be completed in its entirety and returned to PERA for processing. Required Fields are in _BOLD ITALICS_. Additional instructions are on the back page.

Check One: ○ New   ○ Change In Existing Information

SOCIAL SECURITY NUMBER or PERA ID NUMBER				
NAME First	Middle Initial	Last		
ADDRESS Street	City	State	Zip Code	
TELEPHONE or CELLULAR NUMBER				
FINANCIAL INSTITUTION NAME		**Check One**		
ACCOUNT NUMBER		○ Savings ○ Checking		

I authorize PERA to make credit and debit entries to my account at the above named financial institution. I agree to notify PERA immediately upon discovery of any errors resulting from transactions under this authorization and of any changes that may affect these instructions. I agree to hold PERA and the State of New Mexico harmless from any and all loss, cost, damage or expenses suffered as a result of errors in credit or debit entries caused by persons not employed by PERA. I direct the above named financial institution to refund to PERA any deposits made to my account after my death in accordance with the agreement set forth below.

SIGNATURE OF RETIREE	**DATE**

FINANCIAL INSTITUTION CERTIFICATION

Agreement of Depository Financial Institution

In accordance with the authorization of the depositor, we hereby agree to credit and debit to depositor's account, benefit payments and corrections made by the New Mexico Public Employees Retirement Association without depositor's endorsement. We further agree to repay and refund to PERA on demand, the total amount of any such payments received and deposited to the account of the depositor, the due date of which occurs subsequent to the death of the depositor, and agree to accept the certification of PERA as sufficient evidence of the date of death of the depositor.

By signature hereon we have verified the account number of the depositor.

FINANCIAL INSTITUTION ROUTING NUMBER	**NAME OF FINANCIAL INSTITUTION**
	MAILING ADDRESS
Must be a 9 digit number	**BUSINESS TELEPHONE NUMBER**
	FINANCIAL INSTITUTION REPRESENTATIVE SIGNATURE
ATTACH A VOIDED DEPOSIT SLIP HERE (used to verify your financial institution account number)	

May 2011

INSTRUCTIONS FOR COMPLETING THE
PERA DIRECT DEPOSIT AUTHORIZATION FORM

Step 1   Check "New" if this is the first time you are filling out this form.
Check "Change In Existing Information" if you are changing existing information you have already provided PERA.

Step 2   Print or type your First Name, Middle Initial and Last Name.
Print or type your Social Security Number and or your PERA ID Number.
Print or type your Address, City, State and Zip Code.
Print or type your telephone or cellular number.
Print or type the name of your bank or financial institution.
Print or type your account number you want your pension payment to be direct deposited into.
Check either box for the type of account. (Checking or Savings)

Step 3   Sign and date the document.

Step 4   Take the *PERA Direct Deposit Authorization Form* to your financial institution. Have a representative from your financial institution prepare the "Financial Institution Certification" at the bottom of the form and verify your account number. The authorized financial institution representative must provide the following:
        Financial Institution Routing Number
        Name of the Financial Institution
        Mailing Address
        Business Telephone Number
        Authorized Financial Institution Representative's Signature

Step 5   Attach a voided deposit slip. (This will be used to verify the account number.)

Step 6   After you have completed steps 1 through 5, please return or mail the original *PERA Direct Deposit Authorization Form* to PERA by the fifteenth (15th) of the month. If the *PERA Direct Deposit Authorization Form* is received after the fifteenth (15th) of the month the change to your direct deposit information will take effect the following month.