



**Louisiana State Employees' Retirement System**

P.O. Box 44213, Baton Rouge, LA 70804-4213 • 225-922-0600 • Toll-Free 1-800-256-3000 • Fax 225-922-0595 • www.lasers.state.la.us

**Authorization for Direct Deposit**

**PRINT OR TYPE ALL INFORMATION**

Member's Name First	Middle	Last	Today's Date (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check one:  Regular Retirement Benefit  DROP/IBO Payment

**IMPORTANT:** Complete the entire form. Follow the specific instructions for each section.

**SECTION 1: PAYEE (COMPLETE ITEMS A THROUGH G BELOW)**

I hereby authorize and request the Louisiana State Employees' Retirement System (LASERS) to direct the net amount of my monthly benefit payment for crediting to my account at the financial institution designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payment direction notifications applicable to these payments.

Upon my death, if payments have been deposited to my account that are not due, I authorize: 1.) LASERS to initiate electronic funds transfer debit transactions to retrieve those payments; and 2.) The financial institution (bank or credit union) to release to LASERS the status of my account, my current mailing address, the names and mailing addresses of any joint account holder, and the names and mailing addresses of individuals who have power of attorney to withdraw funds from my account. If my death should occur prior to the due date of any payment which is made by LASERS in compliance with this Authorization for Direct Deposit, the below named financial institution shall refund such payments to LASERS.

I certify that I am entitled to the payment identified herein, and that I have read and understand the provisions on the front and back of this form.

<b>A.</b> Name of Payee	<input type="text"/>			<b>B.</b> Social Security Number	<input type="text"/>
<b>C.</b> Mailing Address (number, street or post office box)	<input type="text"/>		<b>D.</b> City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>E.</b> Payee's Area Code and Telephone Number	<input type="text"/>	<b>F.</b> Signature of Payee or Legal Authorized Representative of Payee	<input type="text"/>		<b>G.</b> Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

**SECTION 2: JOINT PAYEE (COMPLETE ITEMS A THROUGH H BELOW)**

I, being a joint signer on the bank account of the above named individual, accept the responsibility of notifying LASERS of the death of the above named Payee, and I agree to accept full responsibility for returning any funds to LASERS which were transmitted by LASERS to the bank account after the death of the Payee. I certify that I have read the provisions on the front and back of this form, and that I fully understand the obligations contained herein and fully accept the same.

<b>A.</b> Name of Payee	<input type="text"/>			<b>B.</b> Social Security Number	<input type="text"/>
<b>C.</b> Mailing Address (number, street or post office box)	<input type="text"/>		<b>D.</b> Payee's Area Code and Telephone Number	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>E.</b> City	State	ZIP	<b>F.</b> Relationship to Payee		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>G.</b> Signature of Payee or Legal Authorized Representative of Payee			<b>H.</b> Date (MM/DD/YYYY)		
<input type="text"/>			<input type="text"/>		

**SECTION 3: FINANCIAL INSTITUTION ONLY (COMPLETE ITEMS A THROUGH J BELOW)**

In consideration of LASERS making payments in accordance with the foregoing request without requiring the personal endorsement of the Payee, we hereby agree to repay and refund to LASERS on demand, subject to disposition by law, the amount of any funds on deposit at the time of demand that are due LASERS by reason of the death of the Payee. We further agree to accept the certification of LASERS of the death and to return any payments received after death of Payee. Finally, we agree to honor Payee's request that LASERS be permitted access to all information relative to Payee's account with this institution.

<b>A.</b> Name and Complete Address of Financial Institution	<input type="text"/>		<b>B.</b> Type/Number of depositor account to be credited. Type account: enter "C" if checking, "S" if savings.	<b>C.</b> <input type="checkbox"/> Check here if bank is not an Automated Clearing House (ACH) System member.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>D.</b> If Joint Account, Please Verify Name of Joint Signer	<b>E.</b> Date (MM/DD/YYYY)	<b>F.</b> Routing Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>G.</b> Name of Financial Institution Officer	<b>H.</b> Title		<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
<b>I.</b> Signature of Financial Institution Officer	<b>J.</b> Area Code and Telephone Number/Extension		<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

**RETIREMENT SYSTEM USE ONLY**

Verified by (Retirement Analyst)	<input type="text"/>	Date	<input type="text"/>
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**INSTRUCTIONS ON REVERSE SIDE**

## INSTRUCTIONS

**Type or print (in ink, or indelible pencil) all information requested, with the exception of the legal signature.**

This form authorizes direct deposits into your account and is to be used only for Louisiana State Employees' Retirement System (LASERS) payment.

If you wish your monthly benefit payments sent to your financial institution for deposit into your checking or savings account, you must complete this form to authorize the action. The financial institution may be any bank, savings bank, savings and loan association, or similar institution, or federal or state chartered credit union. If you do not have an account in one of these institutions and wish one, contact the financial institution of your choice. Within 60 to 90 days, your payment will begin going to your personal checking or savings account.

Deposits will be made by way of electronic funds transfer (EFT) from LASERS' account to your account, provided your financial institution is a member of the Automated Clearing House (ACH) system. In the event your financial institution is not a member of the ACH System, a paper check will be mailed for deposit to your account. If you wish to have the advantage of the "paperless" electronic deposit, you may wish to establish an account with a financial institution that is a member of the ACH System.

Please note that after LASERS receives your electronic fund transfer (EFT) request, a pre-notice to your financial institution is needed; therefore, you will receive your next monthly benefit in paper check form along with a copy of the pre-notice for your direct deposit as sent to your bank.

### Section 1 - Payee Instructions (Complete Items A-G)

**Item A** - Name of the person to whom the payment is made. This is the retiree, beneficiary, or survivor who is entitled to such payment.

**Item B** - Social Security number of the payee. The Social Security number is used to identify the payee's records and payment.

**Item C - D** - Mailing address of the payee named in Item A. Provide complete address including an apartment number (where appropriate), P.O. Box and the Zip Code. **This address must be kept current with LASERS. Please notify LASERS immediately when the address changes.**

**Item E** - Area code and daytime telephone number of the payee named in Item A or the telephone number of the person who may represent the payee.

**Item F-G** - Sign and date the form. The signature must be that of the person named in Item A. If the payee is unable to sign, then the legal representative of the payee must sign this space. Papers declaring the legal representative must be on file in the office of LASERS.

### Section 2 - Special Notice to Joint Payee (Complete Items A-H)

Joint Payees must immediately advise LASERS and the financial institution of the death of the Payee. Funds deposited after the death of the Payee must be returned to LASERS. LASERS will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments. After the death of the Payee, Joint Account Holders signing this form agree to be personally liable for any payments made to the financial institution, which are not returned to LASERS.

**Item F** - Is the joint payee a spouse, adult child, individual with power of attorney, friend? Be very specific.

**After completing the top half of this form, it should be delivered or sent to the financial institution for completion. After the financial institution completes their portion, the form is to be forwarded to LASERS (P.O. Box 44213 - Baton Rouge, LA 70804-4213).**

### Section 3 - Items A - J To Be Completed ONLY by the Financial Institution

**Item A** - Complete the name and address of the financial institution to which the payment will be sent (bank, savings and loan association, credit union, etc.) and the branch designation.

**Item B** - Identify the type of account and the account number in which this payment is to be deposited. The account may be either a checking ("C") or savings ("S") account. Attach a voided personal check or a blank personalized deposit slip to verify payee's account number if possible.

**Item C** - Indicate if your organization is not a member of the ACH System

**Item D** - Please verify the name of the joint payee, if this is a joint account.

### Payee Cancellation Instructions

This authorization remains in effect **until canceled by written notice** from the payee (or the legal representative, in the event of the death of the payee). You may change the designation of your financial institution by completing and submitting a new authorization form.

### Check Stub/Account Statement

An account statement, similar to a check stub, will be issued only upon establishment of your direct deposit and when a change is made to the gross or net amount payable. You should retain the account statement for future reference. In the event your financial institution is not a member of the ACH System, you will not receive this account statement. A check stub will be attached to the paper check mailed to your financial institution. If you have questions regarding direct deposit, contact LASERS or your financial institution.

### Mail to:

Louisiana State Employees' Retirement System  
LASERS  
P.O. Box 44213  
Baton Rouge, LA 70804-4213