

HPRS Direct Deposit Authorization

With direct deposit, you will have access to your funds through your financial institution on the 20th of each month. If the 20th falls on a weekend or holiday, your funds will be available on the ***next business day***.

Note: This form will replace all existing Direct Deposit Authorization Forms on file.

To begin your direct deposit, HPRS must have this completed form by the first of the month. You may return this form by e-mail: system@ohprs.org, fax: 614-431-9204, or mail: 1900 Polaris Pkwy, Suite 201, Columbus, OH 43240-4037. Questions? Please contact Charmaine at 800-860-2268 ext 102 (toll-free), 614-430-3556 (in Columbus), or email, ccarter@ohprs.org.

Check here if change of address

XXX-XX-

Home Phone:

Name

Last 4 digits of SS #

Cell Phone: _____

Address

City

State

Zip

Financial Institution

9-digit Routing Number

Account Number

Checking / Savings

(circle one)

\$ _____ or _____%

Fixed Amount

Percentage of Net Payment

If you have not allocated 100% of your net payment above, the balance will go to this account.

Financial Institution

9-digit Routing Number

Account Number

Checking / Savings

(circle one)

Signature

Date

(please tape a voided check here)

* * * * * Office Use Only * * * * *

Date Processed at HPRS _____

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