

MoDOT & Patrol Employees' Retirement System PO Box 1930 • Jefferson City, MO 65102-1930 Phone: (573) 298-6080 • (800) 270-1271 Serving those who keep us safe. Fax: (573) 522-6111 • Email: mpers@mpers.org Website: www.mpers.org

Direct Deposit Authorization

- Complete sections of form. 1.
- 2. Sign and date form.
- 3. Attached voided check and return to MPERS prior to the 15th of the month.

Benefit Recipient Information				
Social Security Number:	Name: (Last, First MI)			
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Mailing Address:	(City)	(State) (Zip Code)		
Type of Benefit Payment (check one):		Type of Action Requested:		
Retirement Disability	Ex-Spouse	New		
Survivor/Beneficiary		Change		
		Cancel		
Date of Birth:	Phone Number:	Email Address:		

Bank/Financial Institution Information

Attach a voided check so MPERS can verify the routing and account numbers. Some banks/financial institutions use a separate routing number for ACH (direct deposit) payments. We recommend that you contact your bank/financial institution to verify the appropriate routing number.

Routing Number (ABA Number):			Account Type: Checking Savings
Account Number:	Bank Phone Number:		Bank Fax Number:
	()		()
Name of Bank/Financial Institution:			
Mailing Address: (City	<i>y</i>)	(State)	(Zip Code)

Benefit Recipient's Signature

I hereby authorize the MoDOT and Patrol Employees' Retirement System (MPERS) to initiate credit entries (deposits) to my account designated above at the depository financial institution named above, or, any successor institution to the named institution. I also authorize debit entries (withdrawals), if deemed necessary by MPERS to correct any credit entries made in error to my account, including deposits made subsequent to my death. I further authorize the institution named above to release to, and to provide MPERS with, my current address, the names and current addresses of all persons listed on the account, and names and current addresses of all beneficiaries on the account, including those listed as "pay on death" or "transfer on death." This authorization shall remain in force until it is revoked in writing or superseded by a subsequent authorization given to MPERS by me, or on my behalf by my designated agent or attorney-in-fact.

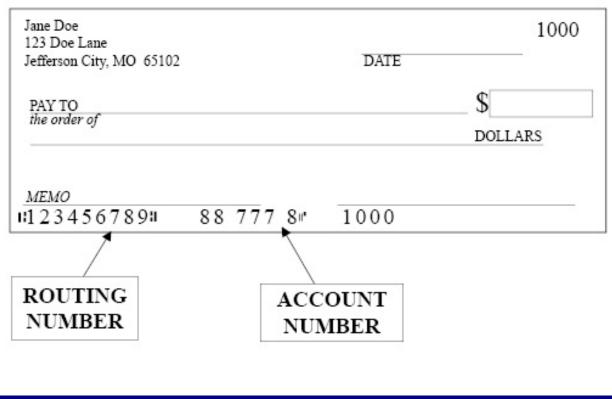
Signature:

Date:

This Direct Deposit Authorization must be signed by the benefit recipient, authorized agent under Section 104.1093, RSMo, authorized agent under a power of attorney, conservator, or guardian. If an agent under a power of attorney completes and signs the form, a certified copy of the power of attorney must be attached (unless already on file at MPERS). If a court appointed conservator or guardian completes and signs the form, a certified copy of the appointment must be attached (unless already on file at MPERS).

Sample Check

This sample check shows the typical location of the routing and account numbers. However some banks/financial institutions use a separate routing number for ACH (direct deposit) payments. On a deposit slip, the ACH routing number may be listed as "Account Routing Number." We recommend that you contact your bank/financial institution to verify the routing number for ACH payments.



Notes

- Please submit this form to MPERS prior to the 15th of the month. If the form is received after the 15th, we cannot guarantee that a change will be made for the current month.
- An altered or incomplete Direct Deposit Authorization form will not be accepted.
- You may change your account number or financial institution at any time by completing and submitting a new Direct Deposit Authorization form. However, don't close the old account too soon. We suggest you keep the old account open until the end of the month after you make a change. Otherwise, your financial institution will return your direct deposit to MPERS causing your benefit payment to be delayed.
- You are entitled to a final benefit payment for the month in which you die. If the account is left open after your death, this payment will be electronically deposited into your account on the last working day of the month, as usual.