

Authorization for Direct Deposit

IMPORTANT: Complete the entire form. Follow the specific instructions for each section. **Attach a voided personal check.**

Section I: To be completed by Payee (MERS Member, Items A through J below)

I hereby authorize and request the Municipal Employees' Retirement System of Louisiana (MERS) to direct the net amount of my contributions 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 payments.

I further authorize the financial institution (bank) to release to MERS on request, the status of my account, my current mailing address, the names and mailing addresses of any joint account holders, and the names and mailing addresses of individuals who have power of attorney to withdraw funds from my account.

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

A. Name of Payee: First, MI, Last, Suffix (Jr., III, etc.)

B. Social Security Number

C. Mailing Address of Payee (Number, Street or P.O. Box Number)

D. City, State, and Zip Code

E. Payee's Daytime Telephone Number (with area code)

F. Signature of Payee or Legal Authorized Representative of Payee

G. Date Signed (MM/DD/YYYY)

H. Name and Complete Address of Financial Institution

I. Type/Number of depositor account (check one)

Checking Savings

Account Number: _____

J. Routing Number: _____