



# Direct Deposit Authorization

Form 21 – Revised 12/1/2013

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

## 1 Benefit Recipient Information – PERS will automatically update the mailing address on file with the mailing address listed below.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_  Cellular  Home  Work Phone: \_\_\_\_\_  Cellular  Home  Work

## 2 Benefit Payments to Deposit – All payments selected for direct deposit will be fully and directly deposited to the bank account listed in Section 3 below. Only one bank account may be designated to receive all deposits for all payments received.

Public Employees' Retirement System of Mississippi (PERS) .....  Retiree  Beneficiary

Mississippi Highway Safety Patrol Retirement System (MHSPRS) .....  Retiree  Beneficiary

Supplemental Legislative Retirement Plan (SLRP) .....  Retiree  Beneficiary

Municipal Retirement Systems (MRS) .....  Retiree  Beneficiary

## 3 Bank Account Information – Attach a voided check to activate direct deposit to a checking account.

Direct deposit benefits are credited to bank accounts on the first banking day of the month that is not a weekend or federal holiday. **Allow one to two months after submitting this form for direct deposit to take effect.** Benefit payments will be issued via check by mail until direct deposit begins.

Bank Name: \_\_\_\_\_ Account Type:  Checking  Savings

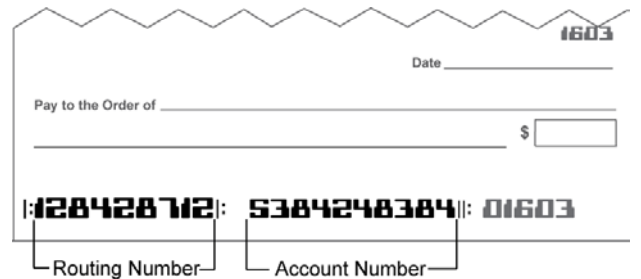
Account Owner's Full Name: \_\_\_\_\_

Account Owner's Social Security No.: \_\_\_\_\_

See sample check at right to find the following numbers:

Routing Number 9 digits: \_\_\_\_\_

Account Number up to 17 characters: \_\_\_\_\_



## 4 Applicant Authorization If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

I hereby authorize PERS to directly deposit retirement benefits for the above-listed benefit recipient to the above-listed account.

Applicant's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_