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Fax: (573) 634-7934

Email: psrspeers@psrspeers.org Website: www.psrs-peers.org

DIRECT DEPOSIT AUTHORIZATION

FOR ELECTRONIC FUNDS TRANSFER OF MONTHLY BENEFIT PAYMENTS

Instructions: Use this form to authorize direct deposit of your Public Education Employee Retirement System of Missouri (PEERS) benefits to a financial institution. Missouri law requires all PEERS benefit payments to be electronically transferred to your bank or financial institution.

- Attach a voided check for a checking account or a voided deposit slip for a savings account. If the account is a revocable trust account, please
 attach a copy of the trust document.
- Return the completed form to PEERS at the address above.
- Authorization forms received by the 15th of the month are processed in the month received. You will receive written confirmation when your authorization is processed.

If you have more than one membership with the Public School and Education Employee Retirement Systems of Missouri (PSRS/PEERS), you must submit a separate *Direct Deposit Authorization Form* for each membership. This authorization applies only to benefits you are eligible to receive or are already receiving from your PEERS membership with the Account ID number shown in Section A below. If you have questions, please call our office.

First Name	Middle Nam	Middle Name		Last Name		
Account ID (or Last Four Digits of Your Social Security Number)		Member ID Telepho		one		
			()		
Mailing Address		City		State	ZIP	
Email Address		1		<u>"</u>	•	
SECTION B - BANK/FINANCIA	L ACCOUN	T INFORMATION				
Name(s) Listed on Account						
Type of Account (select one)						
Checking Account (attach voided check)	Routing Nur	Routing Number on Account (See page 2)		Account Number		
_						
Savings Account (attach voided deposit slip) Rout		Routing Number on Account		Account Number		
s the account above a revocable trust account?	Yes	No If yes, attach a copy of	the trust. Irrevoc	able trusts can	not be accepted.	
SECTION C – BANK/FINANCIA					1	
Name of Bank/Financial Institution	TON INI ORIMATION	Talambana				
Name of Bank/Financial institution			Telephone ()		
Mailing Address		City	\	State	ZIP	
Mailing Address		City		State	ZIP	
SECTION D - BENEFIT RECIPI	ENT CERTI	FICATION AND AUTH	ORIZATION			
hereby appoint the bank/financial institution des	C				1 1	
n electronic funds transfer to my account in that		_				
ne name of my revocable trust is on the account		-				
emain in full force and effect until PEERS has re						
nd the financial institution a reasonable opportu						
ermit the release by the bank or financial institut			-			
ddresses of all beneficiaries on the account incli-						
				Det		
addresses of all beneficiaries on the account, inclinated Digital Signatures Not Accepted – Original (W				Date		

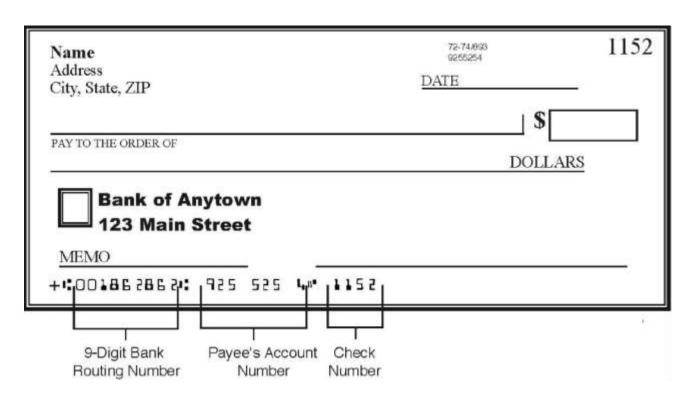
DIRECT DEPOSIT AUTHORIZATION

HOW TO FIND YOUR BANK ROUTING NUMBER AND ACCOUNT NUMBER

Your request cannot be processed without confirmation of the routing number of your bank/financial institution and your account number, which are printed on your check.

The sample check below shows where to locate the required bank information to complete your *Direct Deposit Authorization* form.

Sample Check



NOTE: Check styles may vary in the placement of routing and account numbers. Please check with your bank if you need clarification.