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DIRECT DEPOSIT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER OF LUMP-SUM PAYMENT

Instructions: Use this form to authorize direct deposit of your Public School Retirement System of Missouri (PSRS) lump-sum payment to a 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 first and last pages of the trust document.
- Return the completed form to PSRS at the address above.

SECTION A BENEFIT RECIPIENT INFORMATION

First Name	Middle Name	Last Name	Date of Birth	
Member ID (or Last Four Digits of Your Social Security Number)	Account ID	Telephone ()		
Mailing Address	City	State	ZIP	
Email Address				

SECTION B BANK/FINANCIAL ACCOUNT INFORMATION

All Name(s) Listed on Account		
Type of Account (select one)		
<input type="checkbox"/> Checking Account (attach voided check)	Routing Number on Account (See page 2)	Account Number
<input type="checkbox"/> Savings Account (attach voided deposit slip)	Routing Number on Account (See page 2)	Account Number
Is the account above a revocable trust account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach copies of the first and last pages of the trust document.

SECTION C BANK/FINANCIAL INSTITUTION INFORMATION

Name of Bank/Financial Institution	Telephone ()		
Mailing Address	City	State	ZIP

SECTION D BENEFIT RECIPIENT CERTIFICATION AND AUTHORIZATION

I hereby appoint the bank/financial institution designated above as my agent to receive and collect the amount payable to me from PSRS for the purpose of making an electronic funds transfer to my account in that institution. This authorization is not an assignment of my rights to receive such payment and I certify that my name, or the name of my revocable trust is on the account listed, and I have direct access to the funds held in my account in the financial institution. This authorization is to remain in full force and effect until PSRS has received notification from me of its termination or revocation in such time and in such manner as to afford PSRS and the financial institution a reasonable opportunity to act on it. I understand that my authorization cannot be revoked by contacting the financial institution. I also permit the release by the bank or financial institution of my current address, names and current addresses of all persons listed on the account, and names and current addresses of all beneficiaries on the account, including, but not limited to those listed as "payable on death" or "transfer on death" to PSRS.

Digital Signatures Not Accepted – Original (Written) Signature Required X	Date
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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

Name
Address
City, State, ZIP

72-74893
9258254

1152

DATE _____

_____ \$ _____

PAY TO THE ORDER OF _____

_____ DOLLARS

Bank of Anytown
123 Main Street

MEMO _____

+ 00188 288 21 925 525 4 1152

9-Digit Bank Routing Number Payee's Account Number Check Number

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