



PO Box 268  
 Jefferson City, MO 65102-0268  
 (573) 634-5290 or  
 Toll Free: (800) 392-6848  
 Fax: (573) 634-7934  
 Email: psrspeers@psrspeers.org  
 Website: www.psr-peers.org

# DIRECT DEPOSIT AUTHORIZATION

## FOR ELECTRONIC FUNDS TRANSFER OF MONTHLY BENEFIT PAYMENTS

**Instructions:** Use this form to authorize direct deposit of your Public School Retirement System of Missouri (PSRS) benefits to a financial institution. Missouri law requires all PSRS 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 PSRS at the address above.
- Authorization forms received by the 15<sup>th</sup> 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 PSRS membership with the Account ID number shown in Section A below. If you have questions, please call our office.**

### SECTION A – BENEFIT RECIPIENT INFORMATION

First Name		Middle Name	Last Name	
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

Name(s) Listed on Account				
Type of Account (select one)				
<input type="checkbox"/>	Checking Account ( <b>attach voided check</b> )	Routing Number on Account (See page 2)		Account Number
<input type="checkbox"/>	Savings Account ( <b>attach voided deposit slip</b> )	Routing Number on Account		Account Number
Is the account above a revocable trust account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If yes, attach a copy of the trust. Irrevocable trusts cannot be accepted.</b>

### 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. 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**

Date

**X**

# 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  
0255254

1152

DATE \_\_\_\_\_

\_\_\_\_\_ | \$ \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_

\_\_\_\_\_ DOLLARS

**Bank of Anytown**  
**123 Main Street**

MEMO \_\_\_\_\_

+ 00 186 286 2: 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.