



Direct Deposit Authorization

Purpose of the Form

- Use this form to authorize direct deposit of your PERSI benefit payments to a financial institution.

Instructions

- Complete the form. A designated representative may sign if PERSI has a valid *PERSI Durable Limited Power of Attorney* (RS113) on file.
- Attach a **voided check** for a checking account. For a savings account attach a document that shows (1) a valid Transit and American Banking Association number of the financial institution and (2) the number of the checking or savings account that you want to use for the direct deposit.
- Send the form to PERSI.

Changing Accounts

- Consider maintaining accounts at both your old and new financial institutions until the transaction is complete (that is, until the new financial institution receives its first benefit payment). The change you are requesting could take up to 30 days to become effective.

Member Information			
Name – First, Middle, Last			Social Security Number
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)			

Financial Institution Information		
Name of Financial Institution		
Account Information (check one)	<input type="checkbox"/> Checking (Attach a voided check for this account.)	<input type="checkbox"/> Savings (Attach a document that shows the routing number of the financial institution and the account number of the savings account.)

Member Acknowledgment	
<p>PERSI is authorized and directed to deposit the net amount of my benefit payments by electronic funds transfer directly to my account at the financial institution named above. This supersedes any previous instructions until canceled by me in writing.</p> <p>I authorize and direct the financial institution to immediately refund any overpayments to PERSI (including any benefit payments made on or after my death), and to charge the same to the named account. PERSI's certification of overpayment shall be sufficient evidence of an overpayment. If the funds remaining in the account are not sufficient to permit the financial institution to fully refund overpayments, I authorize and direct the financial institution to provide to PERSI all information related to the account, including transactions since the first of the month in which my death occurs, and the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account.</p> <p>I agree that jurisdiction over any collection actions related to the recovery of any funds transferred to the designated account by PERSI will be exclusively in the courts of the State of Idaho.</p>	
Signature	Date

