



Direct Deposit Authorization

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

Instructions

- 1 Complete this form in dark ink.
- 2 If you make an error, cross out the error and initial next to the correction.

Member Social Security Number

Member Information			
Name – First, Middle, Last			
Mailing Address (street or PO box)		City	State
Phone Number (include area code)		Email Address	

Direct Deposit Source Accounts (select all PERSI accounts to which this form will apply)		
<input type="checkbox"/> My retirement benefit	<input type="checkbox"/> Contingent annuitant/survivor benefit	<input type="checkbox"/> Alternate payee benefit

Direct Deposit Information		
Financial Institution Name	Routing Number	Account Number
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

YOU MUST ATTACH A VOIDED CHECK OR A LETTER SIGNED BY A REPRESENTATIVE OF YOUR FINANCIAL INSTITUTION THAT LISTS YOUR ROUTING AND ACCOUNT NUMBERS. (DO NOT INCLUDE A COPY OF A DIRECT DEPOSIT SLIP)



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. I understand that this change could take up to 30 days to become effective and that change requests received by PERSI after the 14th of the month will not be in effect for the current month. 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. 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 – mm/dd/yyyy

