



Direct Deposit Authorization

515-132-20
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This form authorizes OPERS to direct deposit your monthly benefit payments to your designated account in a financial institution via electronic funds transfer on the last working day of each month. Please read the notice on the back, carefully fill out this form and mail it to OPERS. **Forms received after the 5th day of the month will be processed for direct deposit in the following month.**

PART 1 –MEMBER AND FINANCIAL INSTITUTION INFORMATION

Complete all fields with your information.

	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
Name (First, Middle, Last)	Social Security number										

Mailing address (Street or P.O. Box, City, State, Zip+4)

The above is a new address.

	Phone number	Personal email address
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	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of your financial institution	

PART 2 –DEPOSIT ACCOUNT DOCUMENT

If your deposit will be made to your checking account, please tape a voided check here using clear tape. **Your name and check number must be pre-printed on the check.** Temporary checks and deposit slips are not accepted.

TAPE VOIDED CHECK HERE

If you do not have permanent checks or if your deposit will be made to your savings account, mark the box below and provide a personalized document from your financial institution on their letterhead. The letter must include the member name as the account owner name, routing number, account number, and type of account (checking or savings).

I am providing a letter from my financial institution.

PART 3 –SIGNATURE AND AUTHORIZATION

I do hereby appoint the aforementioned financial institution as my agent to receive, endorse, and collect the recurring amount payable to me from the Oklahoma Public Employees Retirement System (OPERS) for the purpose of making direct deposits to my account in said institution. If monies to which I am not entitled are deposited to my account, I authorize the financial institution to return said funds to OPERS. By signing this form, I and each joint tenant on my account agree to allow OPERS to debit the account in order to recover any funds deposited in error. I understand this means of recovery shall not prevent OPERS from utilizing other lawful means to retrieve funds to which I or other joint tenants are not entitled. This authorization hereby revokes all prior payment directions given to OPERS and remains in full force and effect until I give OPERS written notice.

Signature	Date



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Notice

By completing this form, you authorize OPERS to send, and your financial institution to receive and deposit, monthly benefit payments to your account.

If you need to change the financial institution or account to which your benefit is deposited, please complete a new *Direct Deposit Authorization* form. Call the OPERS office at (800) 733-9008 to request a new form. You must send this form to OPERS by the 5th day of the month for your payment to be directly deposited in your account for that month. For example, for your January payment (issued the last working day of January) to be directly deposited in your account, OPERS must receive this form no later than January 5th.

Do not close your account in this institution until receipt of the direct deposit by another institution is confirmed.

Joint tenants on your account must notify the financial institution and OPERS immediately upon your death or legal incapacity. Payments deposited after the month of your death or ineligibility must be returned to OPERS. OPERS will then make a determination regarding survivor rights or death benefits.

Deposit account document

Tape a voided check for your account in Part 2 of the form using clear tape. Your name must be pre-printed on the check. Temporary checks and deposit slips are not accepted.

If you do not have permanent checks, or your deposit will be made to your savings account, please attach a personalized document from your financial institution. The document must contain:

- Financial institution letterhead
- Member name as the account owner name
- Account number
- Routing number
- Type of account (checking or savings)

Failure to complete this information correctly will result in a delay of your payment.