

Direct Deposit Authorization

Please print. • See reverse side for instructions.

Reset Form

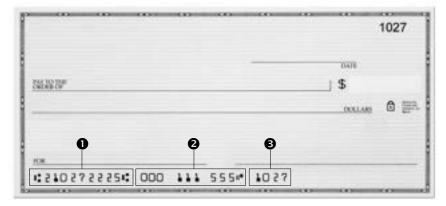
SECTION A - PERSONAL INFORMATION		
Social Security Number or Member ID		Date of Birth
Name (last/first/middle)		
Employee Classification		
General State Employee		
Type of Benefit Payment All Benefit Payments Retirement Survivor of a Retired Member Survivor of an Active Member Ex-Spouse		
ARE YOU CHANGING ANY OF YOUR CONTACT INFORMATION? It is important that MOSERS maintain your current contact information. If your contact information will not change, check no and skip to Section B. If your contact information is changing, check yes and provide us with the updated information.		
☐ No	My mailing address, phone numbers and email address ar	e staying the same, SKIP TO SECTION B
☐ Yes	New Mailing Address (PO or street/city/state/zip)	
	New Primary Phone	☐ Cell ☐ Home ☐ Work
	New Alternate Phone	☐ Cell ☐ Home ☐ Work
	New Email Address	
SECTION B - DIRECT DEPOSIT ACCOUNT INFORMATION		
Directly deposit your benefit payment into an existing bank account or apply it to an existing paycard. You must complete Section B even if you have an account on file. To deposit into a bank account, please attach a voided check or deposit slip to assist MOSERS in verifying specific financial information needed to transfer your benefit payment electronically into your account. A sample check and deposit slip on the back of this form show you where to locate the numbers you will need. To deposit your benefit payment to a pay card you already have, enter the routing number and your account number. Payment cannot be applied to a Social Security pay card.		
Routing Number (ABA Number)		
Account Number		
Account Type		
Name of Bank/Financial Institution		
Mailing Address (PO or street/city/state/zip)		
Phone Number		
SECTION C - APPLICANT SIGNATURE		
This authorization form must be signed by the member, benefit applicant, or authorized legal representative. If an agent under a power of attorney completes and signs the form, a certified copy of the power of attorney must be attached (unless on file at MOSERS). If a court appointed conservator or guardian completes and signs the form, a certified copy of the appointment must be attached (unless on file at MOSERS).		
I hereby authorize the Missouri State Employees' Retirement System (MOSERS) to initiate credit entries as indicated above to my account at the depository financial institution named above and to credit the same to such account. This authorization is not an assignment of my right to receive such payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization hereby revokes all prior payment directions given to MOSERS. This authorization is to remain in full force and effect until MOSERS has received notification of its termination or change from me or anyone with legal authority to act on my behalf. I also permit the release by my current or any future receiving depository financial institution to MOSERS 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."		
Signature Date		

Instructions for Completing

Direct Deposit Authorization

MOSERS will issue your monthly benefit as a direct deposit. This completed authorization form allows MOSERS to transfer your benefit payment electronically into your checking or savings account on the last working day of each month. Payments cannot be issued until MOSERS receives this form. The authorization must be signed, dated, and returned to MOSERS. Steps for completing the authorization are outlined below.

- Complete Section A.
 - A separate Direct Deposit Authorization is required if you receive more than one type of benefit payment from MOSERS and would like the payments deposited into different accounts.
 - An incomplete or altered authorization form will not be accepted.
 - It is important that MOSERS maintain your current contact information. If your address, phone numbers or email address has or will soon change, please update this section, otherwise skip to section B.
- Provide your account information in Section B.
- Sign and date Section C.
 - This form must be signed by the member, benefit applicant, or authorized legal representative. If an agent under a power of attorney completes and signs the form, a certified copy of the power of attorney must be attached (unless on file at MOSERS). If a court appointed conservator or guardian completes and signs the form, a certified copy of the appointment must be attached (unless on file at MOSERS).
- Return completed form to MOSERS. Include a voided check or deposit slip for direct deposits to checking or savings account.
 - If you change accounts or financial institutions you must complete and submit a new Direct Deposit Authorization form. Keep in mind that if your direct deposit account is closed too soon, the financial institution will return your direct deposit to MOSERS causing your benefit payment to be delayed. Therefore, keep your initial direct deposit account open until the end of the month after you make a change.



Account Type - Checking (attach voided check)

- 9-Digit Bank Routing Number
- 2 Account Number
- 3 Check Number



Account Type - Savings

(attach deposit slip)

- 9-Digit Bank Routing Number
- 2 Account Number
- **3** Your bank may use different routing numbers for deposits. If your deposit slip has this notation, use this routing number for your direct deposit.