



THIS FORM INCLUDES PERSONAL AND CONFIDENTIAL INFORMATION

Direct Deposit Authorization

Please print. • See reverse side for instructions.

SECTION A - PERSONAL INFORMATION

Social Security Number or Member ID Date of Birth

Name (last/first/middle)

Employee Classification

General State Employee Elected State Official Judge Legislator Administrative Law Judge or Legal Advisor

Type of Benefit Payment

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.

<input type="checkbox"/> No	My mailing address, phone numbers and email address are staying the same, SKIP TO SECTION B		
<input type="checkbox"/> Yes	New Mailing Address (PO or street/city/state/zip)		
	New Primary Phone	<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work
	New Alternate Phone	<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> 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 Checking (attach voided check) Savings (attach deposit slip) Pay Card

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, authorized agent under Section 104.1093, RSMo, authorized agent under a power of attorney, conservator, or guardian. 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

The standard method of receiving your monthly benefit from MOSERS is 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. The authorization must be signed, dated, and returned to MOSERS. Steps for completing the authorization are outlined below.

1. 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.
2. Provide your account information in Section B.
3. Sign and date Section C.
 - This form must be signed by the member, benefit applicant, authorized agent under Section 104.1093, RSMo, authorized agent under a power of attorney, conservator, or guardian. 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).
4. 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.

1027

DATE _____

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

FOR _____

① 210272225 ② 000111555 ③ 1027

Account Type - Checking

(attach voided check)

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

DEPOSIT TICKET

TO BE USED FOR DEPOSIT TRANSACTIONS ONLY

DATE _____

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

SIGN HERE ONLY IF CASH RECEIVED FROM DEPOSIT

ACCOUNT ROUTING NUMBER 210272225 ③

① 210272225 ② 000111555

CASH INCLUDING COINS

List Checks Singly

TOTAL ITEMS OR TOTAL FROM REVERSE

SUB TOTAL

LESS CASH RECEIVED

\$ _____

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE AND ANY APPLICABLE COLLECTION AGREEMENT.

Account Type - Savings

(attach deposit slip)

- ① — 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.