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EFT

THIS FORM INCLUDES PERSONAL AND CONFIDENTIAL INFORMATION

Stop Direct Deposit Authorization and Issue Paper Check

Please print. • See reverse side for instructions.

SECTION A - PERSONAL INFORMATION

Social Security Number or Member ID _____

Date of Birth _____

Name (last/first/middle) _____

Mailing Address (PO or street/city/state/zip) _____

Primary Phone _____

Cell Home Work

Alternate Phone _____

Cell Home Work

Alternate Phone _____

Cell Home Work

Email Address _____

SECTION B - MAILING ADDRESS TO SEND CHECK

Below, I am providing my new contact information and the complete mailing address where I would like you to send the check.

New Mailing Address (PO or street/city/state/zip) _____

New Primary Phone Number _____

Cell Home Work

New Alternate Phone Number _____

Cell Home Work

New Alternate Phone Number _____

Cell Home Work

New Email Address _____

SECTION C - APPLICANT SIGNATURE

I hereby authorize the Missouri State Employees' Retirement System (MOSERS) to **stop** transmitting credit entries to my account at my depository financial institution. This request hereby revokes all prior payment directions given to MOSERS. I elect to receive future payments by paper check at the address specified above. I understand that the standard form of payment is direct deposit to an account on the last working day of the month. **However, since I am electing to receive a paper check instead of direct deposit, it may take an additional 3 to 5 business days to receive my benefit payment each month.**

Signature _____

Date _____

Instructions for Completing

Stop Direct Deposit Authorization

The standard method of receiving your monthly benefit from MOSERS is direct deposit. The **completed *Stop Direct Deposit Authorization*** form allows MOSERS to **stop the electronic transfer** of your benefit payment to your checking/savings account on the **last working day** of each month. Future benefit payments will be made to you by paper check. This authorization must be signed, dated, and returned to MOSERS. Steps for completing the request are outlined below.

1. Complete Section A.
2. Complete Section B.
 - MOSERS will update your contact information and mail the paper check to the address you have provided.
3. Sign and date Section C.
 - In order to stop direct deposit in any given month, MOSERS must receive this notice at least 3 business days prior to the **last working day** of the month.
4. Return completed form to MOSERS.

Resuming Direct Deposit

To resume the direct deposit of your benefit payment, please complete and submit a *Direct Deposit Authorization* form. The easiest way to obtain the authorization form is to submit it electronically from your secure Member Homepage or you may contact MOSERS by phone.