



**Missouri State Employees' Retirement System**  
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EFT

# Direct Deposit/Pay Card 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	<b>My mailing address, phone numbers and email address are staying the same, SKIP TO SECTION B</b>		
<input type="checkbox"/> Yes	<b>New Mailing Address</b> (PO or street/city/state/zip)		
	<b>New Primary Phone</b>	<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work
	<b>New Alternate Phone</b>	<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work
	<b>New Email Address</b>		

## SECTION B - CHOOSE DIRECT DEPOSIT OR REQUEST A PAY CARD

<input type="checkbox"/> <b>Deposit Into Existing Account</b> Select if you have a current account or active pay card with routing number for direct deposit. You must fill out the section on the right even if you have an account on file.	<b>To deposit into a bank account, please attach a voided check or deposit slip</b> 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. <b>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.</b>
<b>Routing Number (ABA Number)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	
<b>Account Number</b>	
<b>Account Type</b> <input type="checkbox"/> Checking (attach voided check) <input type="checkbox"/> Savings (attach deposit slip) <input type="checkbox"/> Pay Card	
<b>Name of Bank/Financial Institution</b>	
<b>Mailing Address</b> (PO or street/city/state/zip)	
<b>Phone Number</b>	
<input type="checkbox"/> <b>Request a New Pay Card</b> Select only if you do not have an account in which to deposit funds.	<b>This pay card is for direct deposit of MOSERS benefit payments.</b> The rules and applicable fees are in the terms and conditions provided by the pay card merchant. Other deposits may be refused by the bank. By signing below, you agree to abide by the cardholder terms and conditions.

- OR -

## 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 either a pay card or 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/Pay Card 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/Pay Card 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. In Section B, choose an account for direct deposit or request a pay card if you do not have one. **A pay card will be sent to you after you submit this form.**
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/Pay Card 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 ② 000 ③ 111555

Security Features Feature on Back

### 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

SKIN HERE ONLY IF CASH RECEIVED FROM DEPOSIT

ACCOUNT ROUTING NUMBER 2222234 ③

① 210272225 ② 000 ③ 111555

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.