



Missouri State Employees' Retirement System
 PO Box 209 • Jefferson City, MO 65102-0209
 Phone: (573) 632-6100 • Toll Free: (800) 827-1063 • Fax: (573) 632-6103
 Email: mosers@mosers.org • Website: www.mosers.org



APA

Autopay Authorization Direct Pay of Life Insurance & Long-Term Disability (LTD) Premiums

Please print. • See reverse side for instructions.

SECTION A - PERSONAL INFORMATION

Social Security Number or Member ID **Date of Birth**

Name (last/first/middle)

Work Phone Number

Primary Phone Number (home/cell)

Email Address

SECTION B - AUTHORIZATION AND BANK/FINANCIAL INSTITUTION INFORMATION

By signing below I authorize MOSERS to initiate debit entries from the checking or savings account designated below for payment of life insurance or LTD premiums.

Please attach a voided check to deduct payment from your checking account or a deposit slip to deduct payment from your savings account. This documentation will assist MOSERS in verifying specific financial information needed to transfer your life insurance or LTD premiums electronically from the account you designate. A sample check and deposit slip on the back of this form show you where to locate the numbers you'll need to complete this *Autopay Authorization*. Direct bill payments will be debited directly from your account on the 14th of each month, or the next business day. Please allow ten business days for initial processing.

Bank Routing/ABA Number (See illustration on reverse side) □ □ □ □ □ □ □ □ - □

Bank Account Number

Type of Account Checking (attach voided check) Savings (attach deposit slip)

Name of Bank/Financial Institution

Bank/Financial Institution Phone Number

SECTION C - APPLICANT SIGNATURE

I hereby certify that I am the member or authorized agent and that all information contained in this application is true and correct. I understand that the debit transactions can vary from month to month and that MOSERS will send me a notice of the amount to be withdrawn from my account at least 10 days prior to the effective date of the transaction. I understand that this does not relieve me of my obligation to pay my bill should the debit transaction fail and should debit transaction fail due to an invalid account, I must make payments to MOSERS until MOSERS receives a new valid *Autopay Authorization*.

I understand that this request and authorization is voluntary on my part and that I can terminate it at any time by giving written notice. I understand that this authorization hereby revokes all prior debit directions given to MOSERS and that this authorization is to remain in full force and effect until MOSERS has received written notification of its termination from me, I submit a revised *Autopay Authorization*, or I am no longer eligible for direct bill.

Signature **Date**

IMPORTANT NOTE: If you are moving, changing your phone number, email address or name, please ALSO submit a *Notification of Change (Personal Information)* form (available at www.mosers.org) or call 800-827-1063.

Instructions for Completing

Autopay Authorization

The standard method for payment for life insurance and long-term disability premiums, during an approved leave of absence or layoff, is auto deduction from an approved checking or saving account. The *Autopay Authorization* allows MOSERS to transfer your premium payment electronically from a designated account each month. The authorization must be signed, dated, and returned to MOSERS. Steps for completing the authorization are outlined below.

1. Complete Section A.
 - An incomplete or altered *Autopay Authorization* form will not be accepted.
2. Provide your financial information in Section B.
 - A sample check and deposit slip below shows you where to locate the numbers you'll need to complete this *Autopay Authorization*.
3. Sign and date Section C.
 - The *Autopay Authorization* must be signed by the member, benefit applicant, authorized agent under Section 104.1093, RSMo, authorized agent under a power of attorney, or conservator. 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 with a voided check to deduct payment from your checking account or a deposit slip to deduct payment from your saving account.
 - Submit a new *Autopay Authorization* form to MOSERS if you change accounts or financial institutions.
 - Keep your account open until your final payment from that account has been made. If you close your account too soon, the financial institution will reject your payment which could cause a lapse in coverage.

1027

DATE _____

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

FOR _____

① 210272225 ② 000 ③ 1027

Security Features: Guards or Mark

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

BRN HERE ONLY IF CASH RECEIVED FROM DEPOSIT

ACCOUNT ROUTING NUMBER 2222234 ③

① 210272225 ② 000 111 555

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 savings accounts. If your deposit slip has this notation, use this routing number for your payment.