



# Direct Deposit Authorization

## Purpose of the Form

- Use this form to authorize direct deposit of your PERSI benefit payments to a financial institution.

## Instructions

- 1 Complete the form and sign in blue or black ink. A designated representative may sign if PERSI has a valid RS113 *PERSI Durable Limited Power of Attorney* on file.
- 2 Attach a **voided personal check** containing your imprinted name and address *OR* a **letter**, on bank letterhead and signed by an authorized bank representative, that lists your name, confirms the account as active, provides the account type (checking or savings), and lists the routing and account numbers.
- 3 Send the completed form to PERSI.
  - If your address has changed, you must submit form RS110, *Member Mailing Address Change*, with this form.

## Changing Accounts

- Consider maintaining accounts at both your old and new financial institutions until the transaction is complete (that is, until the new financial institution receives its first benefit payment). The change you are requesting could take up to 30 days to become effective.

<b>Member Social Security Number</b>

Member Information			
Name – First, Middle, Last			
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)		Email Address	

Direct Deposit Source Accounts (select <i>all</i> PERSI accounts to which this form will apply)		
<input type="checkbox"/> My retirement benefit	<input type="checkbox"/> Contingent annuitant/survivor benefit	<input type="checkbox"/> Alternate payee benefit

Financial Institution Information	
Financial Institution Name	
Account Information (check one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Member Acknowledgment	
<p>PERSI is authorized and directed to deposit the net amount of my benefit payments by electronic funds transfer directly to my account at the financial institution named above. This supersedes any previous instructions until canceled by me in writing.</p> <p>I authorize and direct the financial institution to immediately refund any overpayments to PERSI (including any benefit payments made on or after my death), and to charge the same to the named account. PERSI's certification of overpayment shall be sufficient evidence of an overpayment. If the funds remaining in the account are not sufficient to permit the financial institution to fully refund overpayments, I authorize and direct the financial institution to provide to PERSI all information related to the account, including transactions since the first of the month in which my death occurs, and the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account.</p> <p>I agree that jurisdiction over any collection actions related to the recovery of any funds transferred to the designated account by PERSI will be exclusively in the courts of the State of Idaho.</p>	
Signature	Date – mm/dd/yyyy

