

PUBLIC SCHOOL RETIREMENT SYSTEM OF THE CITY OF ST. LOUIS ("the system")

3641 OLIVE STREET, SUITE 300  
ST. LOUIS, MO 63108-3601  
Phone: 314-534-7444 Fax: 314-533-0531

**DIRECT DEPOSIT AUTHORIZATION FORM**

INSTRUCTIONS: Print or type all information and make sure to sign the form. Whenever there is an account **closure** or **change**, notify the system **immediately in writing**. If the system is not notified of changes in writing, payments continue to be sent according to the last instructions on file and could cause delays to the receipt of pension benefits. To verify receipt of a deposit, contact the bank or financial institution after 2:00 p.m. on the first banking day of the month.

If you receive a Supplemental Pension Benefit under the SLPS Sick Leave Conversion Program and wish to have it deposited into a **different financial institution and/or account**, Section 2 of this form must be completed. **TO DEPOSIT MONTHLY AND SUPPLEMENTAL PENSION BENEFITS IN THE SAME CHECKING OR SAVINGS ACCOUNT, CHECK HERE \_\_\_\_\_.**

SECTION 1: MONTHLY PENSION BENEFITS			
NAME:		LAST FOUR OF SSN:	
STREET ADDRESS:		TELEPHONE NUMBER: (       )	
CITY:	STATE:	ZIP CODE:	
FINANCIAL INSTITUTION:			
ACCOUNT NUMBER:		FINANCIAL INSTITUTION ROUTING NUMBER:	
TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____ (CHECK ONE)			

I hereby authorize the system to make electronic credit and debit transactions to my account and appoint the bank or financial institution named above as my agent for the purpose of making these electronic transactions with my account in said institution. I agree to notify the system immediately upon discovery of any errors resulting from transactions under this authorization and of any changes that may affect these instructions. I agree to hold the system harmless from any and all loss, cost, damage, attorney fees or expenses suffered as a result of errors in credit or debit transactions. I direct the above named institution to refund corrections to the system, including any deposits made to my account after my death. This authorization is not an assignment of my right to receive benefits, and revokes all prior payment instructions made to the system.

SIGNATURE OF RETIREE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATTACH VOIDED CHECK OR BANK LETTER**

(used to verify account and routing numbers)

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**DIRECT DEPOSIT AUTHORIZATION FORM (continued)**

**SECTION 2: SUPPLEMENTAL PENSION BENEFITS**

<b>NAME:</b>		<b>LAST FOUR OF SSN:</b>	
		-	
<b>STREET ADDRESS:</b>		<b>TELEPHONE NUMBER:</b>	
		( )	
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>FINANCIAL INSTITUTION:</b>			
<b>ACCOUNT NUMBER:</b>		<b>FINANCIAL INSTITUTION ROUTING NUMBER:</b>	
<b>TYPE OF ACCOUNT:</b>			
CHECKING _____ SAVINGS _____ (CHECK ONE)			

I hereby authorize the system to make electronic credit and debit transactions to my account and appoint the bank or financial institution named above as my agent for the purpose of making these electronic transactions with my account in said institution. I agree to notify the system immediately upon discovery of any errors resulting from transactions under this authorization and of any changes that may affect these instructions. I agree to hold the system harmless from any and all loss, cost, damage, attorney fees or expenses suffered as a result of errors in credit or debit transactions. I direct the above named institution to refund corrections to the system, including any deposits made to my account after my death. This authorization is not an assignment of my right to receive benefits, and revokes all prior payment instructions made to the system.

**SIGNATURE OF RETIREE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ATTACH VOIDED CHECK OR BANK LETTER**

(used to verify account and routing numbers)

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## INSTRUCTIONS FOR COMPLETING THE DIRECT DEPOSIT AUTHORIZATION FORM

### INSTRUCTIONS APPLY TO BOTH SECTIONS OF THE FORM

- Step 1      Complete Applicable Retiree Section (s)
- Print or type your First Name, Middle Initial and Last Name.
  - Print or type the last 4 numbers of your Social Security Number.
  - Print or type your Mailing Address, City, State and Zip Code.
  - Print or type your telephone number.
  - Print or type the name of your bank or financial institution.
  - Print or type the financial institution routing number.
  - Print or type the account number where your pension payment will be deposited.
  - Check one box for the type of account (either Checking or Savings).
- Step 2      You as the retiree must sign and date the form where indicated. If a Power of Attorney is signing for the Retiree, the Power of Attorney document must be approved by PSRSSTL before any changes can be made.
- Step 3      Attach a voided check or bank letter (used to verify account and routing numbers).
- Step 4      Verify that steps 1 through 3 are complete and return or mail the original ***Direct Deposit Authorization Form*** to the system by the fifteenth (15th) of the month.

*Note: if the **Direct Deposit Authorization Form** is received after the fifteenth (15th) of the month the change to your direct deposit information will take effect the following month.*