

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

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Authorization for Direct Deposit

INSTRUCTIONS ON SECOND PAGE

IMPORTANT: Complete the entire form. Follow the specific instructions for each section. **Attach a voided personal check.**

Section I: Payee Instructions

I hereby authorize and request the Municipal Employees' Retirement System of Louisiana (MERS) to direct the net amount of my monthly benefit payment for crediting to my account at the financial institution designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments.

I further authorize MERS to initiate electronic funds transfer debit transaction to retrieve payments sent but not due in the event that my death has occurred. I further authorize the financial institution (bank) to release to MERS on request, the status of my account, my current mailing address, the names and mailing addresses of any joint account holders, and the names and mailing addresses of individuals who have power of attorney to withdraw funds from my account.

If my death should occur prior to the due date of any payment which is made by MERS in compliance with this Authorization for Direct Deposit, the below named financial institution shall refund such payments to MERS. I certify that I am entitled to the payment identified herein, and that I have read and understand the provisions on the front and back of this form.

A. Name of Payee:			B. SSN (last 4 only)
_____	_____	_____	XXX-XX-_____
First	Middle	Last	
C. Mailing Address of Payee:			
_____	_____	_____	_____
Address	City	State	Zip Code
D. Payee's Daytime Phone:	E. Signature of Payee or Legal Authorized Representative of Payee:		F. Date Signed:
_____	_____		_____

Section II: Financial Institution of Payee Information

A. Name of Financial Institution:	B. Type/Number of depositor account: <input type="radio"/> Checking <input type="radio"/> Savings
_____	Account Number: _____ If Checking, attach copy of voided check
	Routing Number: _____
C. Address of Financial Institution:	
_____	_____
Address	City
_____	_____
	State
_____	_____
	Zip Code
D. If Joint Account, Please Verify Name of Joint Signer: _____	

INSTRUCTIONS

Enter all information requested.

This form authorizes direct deposits into your account and is to be used only for Municipal Employees' Retirement System of Louisiana (MERS) payments.

If you wish your monthly benefit payments sent directly to your financial institution for deposit into your checking or savings account, you must complete this form to authorize the action. The financial institution may be any bank, savings bank, savings and loan association, similar institution, or federal or state chartered credit union.

Deposits will be made by way of electronic funds transfer (EFT) from MERS' account, provided your financial institution is a member of the Automated Clearing House (ACH) System. In the event your financial institution is not a member of the ACH System, a paper check will be mailed for deposit to your account. If you wish to have the advantage of the "paperless" electronic deposit, you may wish to establish an account with a financial institution that is a member of the ACH System.

Section I – Payee Instructions (Complete Items A – F)

Item A – Name of the person to whom the payment is made. This is the retiree, beneficiary, or survivor who is entitled to such payment.

Item B – Last 4 digits of the Social Security number of the payee. The Social Security number is used to identify the payee's records and payment.

Item C – Mailing address of the payee named in Item A. Provide a complete address including an apartment number, P.O. Box, and the zip code. This address must be kept current with MERS. Please notify MERS immediately when the address changes.

Item D – Area code and daytime telephone number of the payee named in Item A or the telephone number of the person who may represent the payee.

Item E – F – Sign the form. (The date is defaulted to the current date.) The signature must be that of the person named in Item A. If the payee is unable to sign, then the legal representative of the payee must sign this space. Papers declaring the legal representative must be on file in the office of MERS.

Section II – Items A – D – Financial Institution of Payee Information

Item A & C – Complete name and address of the financial institution to which the payment will be sent (bank, savings and loan association, credit union, etc.) and the branch designation.

Item B – Identify the type of account, routing number and the account number in which this payment is to be deposited. The account may be either a checking or savings account. Attach a voided personal check to verify payee's account number. (The number can be found on the bottom left of your check.)

Item D – If this is a joint account, please verify the name of the joint signer.

Payee Cancellation Instructions

This authorization remains in effect **until cancelled by written notice** from the payee (or the legal representative, in the event of the death of the payee). ***You may change the designation of your financial institution by completing and submitting a new authorization form.***

Check Stub/Account Statement

An account statement will be issued with your first month's payment only. If your benefit amount changes or if you submit financial institution information changes to MERS, you will receive a new statement. You should retain the account statement for future reference. In the event your financial institution is not a member of the ACH System, you will not receive this account statement. A check stub will be attached to the paper check mailed to your financial institution. If you have any questions regarding direct deposit, contact MERS or your financial institution.

Please print a copy of this form for your records.