

Municipal Employees' Retirement System of LA

7937 Office Park Boulevard, Baton Rouge, LA 70809
225-925-4810 or 800-820-1137

Employer Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Municipal Employees' Retirement System of LA to initiate automatic deposits to the account at the financial institution named below for insurance premiums deducted from retired employees' or their beneficiaries' monthly benefit payments. I also authorize Municipal Employees' Retirement System of LA to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Municipal Employees' Retirement System of LA responsible for any delay or loss of funds due to incorrect or incomplete information submitted or due to an error on the part of the financial institution in depositing funds to this account.

This agreement will remain in effect until Municipal Employees' Retirement System of LA receives a written notice of cancellation, or until a new direct deposit form is submitted.

Account Information

Employer Name: _____

Name of Financial Institution: _____

Routing Number: _____

Checking Account Number: _____

Signature

Authorized Signature : _____ Date: _____

Alternate Authorized Signature : _____ Date: _____

Please attach a voided check and return this form to the MERS.