



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:

Please attach a voided check to this form

SIGNATURE

Authorized Signature

Date of Signature

Alternate Authorized Signature

Date of Signature

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