



Direct Deposit Authorization

515-132-06

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Use this form to authorize the Oklahoma Public Employees Retirement System to directly deposit your monthly benefit payments to your designated account in a financial institution via electronic funds transfer. Please read the notice and instructions on page two. **Carefully fill out this form and send it to OPERS. Forms received after the 5th day of the month will be processed for direct deposit in the following month.**

Part 1 – Personal & Financial Institution Information

Your name (exactly as it appears on the account)		Your Social Security number	
Mailing address	City	State	ZIP+4
Daytime telephone number ()	Please choose one account for direct deposit <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		

Name of financial institution			
Mailing address of financial institution	City	State	ZIP+4

Part 2 – Attach Document (use clear tape)

TAPE VOIDED CHECK OR OTHER REQUIRED DOCUMENT HERE

If your deposit will be made to your checking account, please tape a voided check here. Your name must be pre-printed on the check. Temporary checks are not accepted.

If your deposit will be made to your savings account, please tape here a personalized document from your financial institution showing the institution's routing number and your account number.

Part 3 – Signature

I do hereby appoint the aforementioned financial institution as my agent to receive, endorse, and collect the recurring amount payable to me from the Oklahoma Public Employees Retirement System (OPERS) for the purpose of making direct deposits to my account in said institution. If monies to which I am not entitled are deposited to my account, I authorize the financial institution to return said funds to OPERS. By signing this form, I and each joint tenant on my account agree to allow OPERS to debit the account in order to recover any funds that were deposited in error. I understand that this means of recovery shall not prevent OPERS from utilizing other lawful means to retrieve funds to which I or other joint tenants are not entitled. This authorization hereby revokes all prior payment directions given to OPERS and remains in full force and effect until I give OPERS written notice.

Your signature

Date

NOTICE

You must send this form to OPERS by the 5th day of the month for your payment to be directly deposited in your account for that month. For example, for your January payment (issued the last working day of January) to be directly deposited in your account, OPERS must receive this form no later than January 5th.

By completing this form, you are authorizing OPERS to send and your financial institution to receive and deposit monthly benefit payments to your account. You may change your direct deposit to another account or to another financial institution at any time by sending a new form to OPERS. If you make a change, you must also notify your financial institution. **Do not close your account in this institution until receipt of the direct deposit by another institution is confirmed.**

You will receive a Direct Deposit Notification form from OPERS twice each year in January and July. The Direct Deposit Notification will tell you the date when your payment was deposited, the amounts of any deductions from your gross payment, and the net amount of your payment. Monthly notification of this information is available upon request.

Joint Tenants on your account must notify the financial institution and OPERS immediately upon your death or legal incapacity. Payments deposited after the month of your death or ineligibility must be returned to OPERS. OPERS will then make a determination regarding survivor rights or death benefits.

INSTRUCTIONS

1. Complete Part 1 on page one of this form. You must provide your current mailing address. If your mailing address changes, it is very important that you notify OPERS in writing. To make an address change, contact OPERS and ask for a Change of Address form.
2. If your direct deposit will be made to your checking account, please tape a voided check in the space provided under Part 2. Temporary checks will not be accepted. If your deposit will be made to your savings account, please tape a personalized document from your financial institution showing the institution's routing number and your account number.
3. Read, sign, and date Part 3.
4. When Parts 1, 2, and 3 of this form are completed, mail it to:

**Oklahoma Public Employees Retirement System
P.O. Box 53007
Oklahoma City, OK 73152-3007**