

DIRECT DEPOSIT SIGN-UP FORM

MONTHLY BENEFIT ()
 ANNUITY ()

MEMBER # _____

PAYEE MUST KEEP THE EMPLOYEES' RETIREMENT SYSTEM INFORMED OF ANY ADDRESS CHANGES IN ORDER TO RECEIVE IMPORTANT INFORMATION ABOUT BENEFITS AND TO REMAIN QUALIFIED FOR PAYMENT.

THE AGREEMENT REPRESENTED BY THIS AUTHORIZATION REMAINS IN EFFECT UNTIL CANCELED BY THE PAYEE BY WRITTEN NOTICE TO THE RETIREMENT OFFICE, OR BY DEATH OR LEGAL INCAPACITY OF THE PAYEE. UPON CANCELLATION, THE PAYEE SHOULD NOTIFY THE RECEIVING FINANCIAL INSTITUTION THAT HE/SHE IS DOING SO.

ATTACH VOIDED CHECK HERE
 (IF CHECKING ACCOUNT)

(TO BE COMPLETED BY PAYEE)
SECTION 1

A. NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER OF PAYEE
B. MAILING ADDRESS IS THIS A NEW ADDRESS? YES____ NO____	TELEPHONE NUMBER OF PAYEE
C. CITY STATE ZIP CODE	TYPE OF ACCOUNT: CHECKING____ SAVINGS____
ACCOUNT NO. _____	IF JOINT ACCOUNT: NAME OF OTHER JOINT ACCOUNT HOLDER; PHONE NO.
<p style="text-align: center;">PAYEE CERTIFICATION</p> I CERTIFY THAT I AM ENTITLED TO THE PAYMENT IDENTIFIED ABOVE. IN SIGNING THIS FORM, I AUTHORIZE MY RETIREMENT CHECK TO BE SENT TO THE FINANCIAL INSTITUTION NAMED BELOW TO BE DEPOSITED TO THE DESIGNATED ACCOUNT.	ADDRESS OF OTHER JOINT ACCOUNT HOLDER
SIGNATURE OF PAYEE DATE	
X	

(TO BE COMPLETED BY FINANCIAL INSTITUTION) **SECTION 2**

NAME AND ADDRESS OF FINANCIAL INSTITUTION	TYPE OF ACCOUNT: CHECKING____ SAVINGS____		
	ROUTING NO. _____		
	ACCOUNT NO. _____		
	NAMES ON ACCOUNT _____		
	(MUST BE PAYEE; JOINT ACCOUNT ACCEPTABLE)		
<p style="text-align: center;">FINANCIAL INSTITUTION CERTIFICATION</p> I CONFIRM THE IDENTITY OF THE ABOVE-NAMED PAYEE AND THE ACCOUNT NO. AND OWNER. AS REPRESENTATIVE OF THE ABOVE NAMED FINANCIAL INSTITUTION, I CERTIFY THAT THE FINANCIAL INSTITUTION AGREES TO RECEIVE AND DEPOSIT THE PAYMENT DESCRIBED ABOVE.			
PRINT OR TYPE REPRESENTATIVE-S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE #	DATE

PLEASE BRING OR MAIL THIS DOCUMENT TO:

**CITY OF NEW ORLEANS
 EMPLOYEES' RETIREMENT SYSTEM
 1300 PERDIDO STREET, ROOM 1E12
 NEW ORLEANS, LA 70112
 (504) 658-1850 FAX (504) 658-1602**