

**DIRECT DEPOSIT SIGN-UP FORM**

ATTACH VOIDED CHECK HERE

OR ATTACH DIRECT DEPOSIT FORM FROM YOUR BANK TO THIS FORM

MONTHLY BENEFIT ( )

ANNUITY ( )


REFUND ( )

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.

**(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____  |
| C. CITY   |  | STATE  |
| ZIP CODE  |  | TELEPHONE NUMBER OF PAYEE  |
|   |  | TYPE OF ACCOUNT: CHECKING____ SAVINGS____  |
|   |  | ACCOUNT NO. _____  |
| PAYEE CERTIFICATION<br>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. |  | <b><u>IF JOINT ACCOUNT:</u></b><br>NAME OF OTHER JOINT ACCOUNT HOLDER; PHONE NO. |
| SIGNATURE OF PAYEE  |  | ADDRESS OF OTHER JOINT ACCOUNT HOLDER  |
|   |  |  |

**(TO BE COMPLETED BY FINANCIAL INSTITUTION IF YOU DO NOT HAVE A VOIDED CHECK OR FORM)****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) |      |
| FINANCIAL INSTITUTION CERTIFICATION<br>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  
 RETIREMENT@NOLA.GOV**