



33 Plaza La Prensa, Santa Fe, New Mexico 87507
 (505) 476-9401 fax (505) 476-9300 voice
 (800) 342-3422 Toll-Free
www.nmpera.org



PERA DIRECT DEPOSIT AUTHORIZATION FORM

Please select one: **New Form** **Change In Existing Information**
Please select one: **Member** **I Receive a Benefit as a Beneficiary**

<i>PERA ID or SSN:</i>			
<i>FIRST NAME</i>	<i>MI</i>	<i>LAST NAME</i>	
<i>MAILING ADDRESS - Check box for Address Change</i>		<i>HOME or CELL TELEPHONE NO.</i>	
<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>	
<p>You are hereby directed to electronically transfer my monthly benefit check to the:</p> <p>Name of Financial Institution: _____</p> <p>Account Number: _____</p> <p>Type of Account: Checking Savings</p> <p>I authorize PERA to make credit and debit entries to my account at the above named financial institution. I agree to notify PERA immediately upon discovery of any errors resulting from transactions under this authorization and of any changes that may affect these instructions. I agree to hold PERA and the State of New Mexico harmless from any and all loss, cost, damage, or expenses suffered as a result of errors in credit or debit entries caused by persons not employed by PERA. I direct the above named financial institution to refund to PERA any deposits made to my account after my death in accordance with the agreement set forth below.</p>			
Your Signature: _____ Date: _____			
Financial Institution Use Only: THIS MUST BE COMPLETED BEFORE BEING SUBMITTED TO PERA			
Agreement of Depository Financial Institution			
<p>In accordance with the authorization of the depositor, we hereby agree to credit and debit to depositor's account, benefit payments and corrections made by the New Mexico Public Employees Retirement Association without depositor's endorsement. We further agree to repay and refund to PERA on demand, the total amount of any such payments received and deposited to the account of the depositor, the due date of which occurs subsequent to the death of the depositor, and agree to accept the certification of PERA as sufficient evidence of the date of death of the depositor.</p> <p>By signature hereon we have verified the account number of the depositor.</p>			
<p>Financial Institution Routing Number: _____</p> <p>Confirmation of Customer's Account Number: _____</p> <p>Name of Financial Institution: _____</p> <p>Address: _____ City: _____ State: _____ Zip: _____</p> <p>Authorized Signature: _____ Date: _____</p>			

YOU MUST ATTACH A VOIDED CHECK HERE OR A COMPLETED DIRECT DEPOSIT FORM FROM YOUR BANK (Please do not include a copy of a deposit slip)