



33 Plaza La Prensa, Santa Fe, New Mexico 87507
 (505) 954-0370 fax (505) 476-9300 voice
 (800) 342-3422 Toll-Free
www.nmpera.org

PERA DIRECT DEPOSIT AUTHORIZATION FORM

Instructions: Please print or type in dark ink. Required Fields are in ***BOLD ITALICS***.

Additional instructions are on the back page.

Check One: **New** **Change In Existing Information**

Check One: **Retiree** **Co-Payee** **Beneficiary**

<i>SOCIAL SECURITY NUMBER or PERA ID NUMBER</i>				
<i>NAME</i> First		Middle Initial	Last	
<i>MAILING ADDRESS</i>			City	State
Zip Code				
<i>HOME or CELL TELEPHONE NO.</i>				
FINANCIAL INSTITUTION				
You are hereby directed to electronically transfer my monthly benefit check to:				
<i>NAME of FINANCIAL INSTITUTION</i>			Type of Account	
<i>ACCOUNT NUMBER</i>			Check One	
<i>ROUTING NUMBER</i>			<input type="checkbox"/> Savings <input type="checkbox"/> Checking	
AUTHORIZATION				
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 on demand to refund and repay to PERA any deposits made to my account after my death, the due date of which is subsequent to my death.				
Signature:			Date:	

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



PERA DIRECT DEPOSIT AUTHORIZATION FORM INSTRUCTIONS

Anytime a PERA pension recipient needs to change their direct deposit information with PERA, they must complete a PERA Direct Deposit Authorization Form. The pension recipient must complete the top portion of the form with their personal information.

The Financial Institution box indicates that this is the financial institution you would like your benefit payment to be direct deposited into. Print or type the name of your bank or financial institution. **You may only have one account for your direct deposit.** PERA cannot split your benefit payment. Please check either box for the type of account (checking or savings).

- The Authorization box indicates that you authorize PERA to make credit and debit entries to your account in the financial institution account you included. Sign and date.
- You must attach a voided check or a completed direct deposit form from your financial institution. This will be used to verify the account number. **Do not include a copy of a direct deposit slip.**
- Please return or mail the original PERA Direct Deposit Authorization Form to PERA by the fifteenth (15th) day of the month. If the PERA Direct Deposit Authorization Form is received after the fifteenth (15th) day of the month, the change to your direct deposit information will take effect the following month.