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 Santa Fe, NM 87507  
 (505) 476-9300 phone  
 (505) 954-0370 fax  
 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**

<b><i>SOCIAL SECURITY NUMBER or PERA ID NUMBER</i></b>		<b><i>HOME or CELL TELEPHONE NUMBER</i></b>		
<b><i>NAME</i></b> First		Middle Initial	Last	
<b><i>MAILING ADDRESS</i></b>		City	State	Zip Code
<b>FINANCIAL INSTITUTION</b>				
<b>You are hereby directed to electronically transfer my monthly benefit check to:</b>				
<b><i>NAME of CURRENT FINANCIAL INSTITUTION (changing from)</i></b>				
<b><i>NAME of NEW FINANCIAL INSTITUTION (changing to)</i></b>			<b>Type of Account Check One</b>	
<b><i>NEW ACCOUNT NUMBER</i></b>			<input type="checkbox"/> Savings <input type="checkbox"/> Checking	
<b><i>NEW ROUTING NUMBER</i></b>				
<b>AUTHORIZATION</b>				
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.				
<b>Signature:</b>			<b>Date:</b>	

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

John and Jane Retiree 1025  
 1234 Main St.  
 Denver, CO 80203

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS Security Features Included. Details on Back.

VOID

MEMO \_\_\_\_\_

+ 000000000000 000000000000 1025



## 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 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.