

Direct Deposit by ELECTRONIC FUNDS TRANSFER (EFT)

Direct deposit is fast, easy, and secure. Plus, it's free!

Colorado PERA can deposit your monthly benefit payment directly into your checking or savings account at your bank or credit union every month. Since paper checks are mailed the same day, you will have access to your money sooner using direct deposit. No more waiting for the mail!

Consider these advantages when using PERA's direct deposit system—Electronic Funds Transfer (EFT):



FINANCIAL PLANNING

- » **Convenient.** No waiting for checks to clear so your bills can be paid. You know your funds will be credited to your account.
- » **Time Saving.** Direct deposit eliminates the need to make deposits in person. You'll avoid driving time and long lines at the bank.
- » **Accessible.** Log on to your account anytime at www.copera.org and view your statements online.



SECURITY

- » **Reliable.** Feel confident knowing your check is in your account on the last business day of the month.
- » **Safe.** Without the check to get lost, stolen, or delayed in the mail, there is less risk of fraud, identity theft, or forgery. Direct deposit is more confidential than paper payments because fewer people are involved in the process.



ENVIRONMENTAL

- » **Save on gas.** Fewer trips to the bank not only saves you time, but means less spent on gas.
- » **Save paper.** Since the funds and records are available electronically, less paper is used.



START TODAY

Complete the attached *Direct Deposit by Electronic Funds Transfer (EFT)* form and mail it to:

Colorado PERA
PO Box 5800
Denver, CO 80217-5800

- Sign up for EFT online by logging on to your account at www.copera.org.

(Continued on reverse)



FREQUENTLY ASKED QUESTIONS ABOUT EFT

Q. Where can my monthly benefit be deposited?

PERA will deposit your monthly benefit payment into a personal checking or savings account on which your name appears at your bank or credit union. PERA will not deposit to a trust, money market, managed fund, brokerage account, foreign institution, or any institution that is not part of the Federal Reserve.

Q. How do I start EFT?

Complete the attached *Direct Deposit by Electronic Funds Transfer (EFT)* form. Requests for EFT received at PERA by the 15th of the month will be effective for that month. Your financial institution can help you complete the form, if necessary.

Q. How do I make changes?

If your bank or account number changes, complete a new copy of the attached form and mail it to PERA. You may call PERA to request the form, print it from www.copera.org, or complete the form online via your PERA account using your User ID and password.

Q. How do I cancel my direct deposit?

To cancel your direct deposit, notify PERA in writing and include your signature. Any future changes must be received at PERA by the 15th of the month to be effective for that month. Except in cases of fraud or theft, it is best that you leave the former EFT account open until you confirm that your benefit is being deposited in the new account.

Q. When will my deposit be credited?

Your monthly benefit payment will be deposited into your account on the last business day of the month.

Q. Will I receive a statement?

PERA sends you an EFT statement whenever your benefit amount changes and at the end of each year. If you have a User ID and password, you can view and print the last 13 months of statements online via your PERA account. You also may call PERA to request a monthly statement.

FORM INSTRUCTIONS

1. Complete the attached form if you are a benefit recipient and want to have your monthly benefit payment deposited to a checking or savings account on which you are the account holder.
 - » A benefit recipient includes PERA and DPS benefit structure retirees, survivors, or disability retirees.
 - » Use the "Other" field in the "Apply Changes to These Accounts" section if you are using this form for an Alternate Payee or Senior Judge account.
 - » If you need help with your banking information, your financial institution can complete and sign the "Option B" section on the last page.
2. Detach and fax your completed form to 303-863-3727 or mail it to:

Colorado PERA
PO Box 5800
Denver, CO 80217-5800

A correctly completed *Direct Deposit by Electronic Funds Transfer (EFT)* form received at PERA by the 15th of the month will be effective for that month.

► Questions?

- » Visit PERA's website at www.copera.org
- » Email PERA through the PERA website; click on the "Contact Us" link
- » Call PERA at 1-800-759-7372



Direct Deposit by Electronic Funds Transfer (EFT)

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Your SSN

Three boxes for SSN: [][][] [][] [][][][]

Your Information

Name _____
Last First MI

Address _____
Street City State ZIP Code

Daytime Telephone () _____ Email Address _____

Sign up for electronic delivery of PERA information? Yes No

Apply Changes to These Accounts

IF YOU RECEIVE MORE THAN ONE MONTHLY BENEFIT, specify below to which account(s) this form applies.

If you do not specify an account, the information specified on this form will be used for all your PERA accounts.

PERA Benefit Structure Account(s): Retirement Cobeneficiary/Survivor Other: _____

DPS Benefit Structure Account(s): Retirement Cobeneficiary/Survivor Other: _____

Complete separate forms if you would like each PERA benefit deposited into a different bank account.

Signature Certification

I authorize my financial institution to provide PERA with any and all information needed to initiate or modify the direct deposit of my monthly benefit payment. Such information may include, but is not limited to, the name on the account, the account number, and the routing number. I understand that a photocopy of this authorization shall be as valid as the original and any information obtained by PERA will be used for the sole purpose of initiating or modifying the electronic transfer of my monthly benefit payments.

I understand that PERA will make deposits to a personal checking or savings account on which I am the account holder, but not to a trust, money market, managed fund, brokerage account, foreign institution, or any institution that is not part of the Federal Reserve. If PERA determines that this account is invalid due to the account holder or account type, I understand PERA must immediately discontinue deposit to the account. Furthermore, I understand I may cancel this authorization at any time by notifying PERA in writing, and that such change will become effective after PERA receives the notification and has a reasonable opportunity to act on it. Any future changes must be received at PERA by the 15th of the month to be effective for that month.

Sign Here →
Member

Your Signature _____ Date _____

Financial Institution Account Information

You have the following three options for completing this section (complete only one option):

Option A: Attach a preprinted check below

Option B: Have your financial institution complete and sign on the reverse

Option C: Complete the account information yourself on the reverse

Option A

Please use tape (do not staple or glue) to attach a check here that contains your preprinted name and address. Write the word "VOID" across the check in large letters. DO NOT USE A DEPOSIT SLIP OR TEMPORARY CHECK.

John and Jane Retiree 1234 Main St. Denver, CO 80203	1025
PAY TO THE ORDER OF _____	DATE _____
VOID	
_____ DOLLARS	\$ _____
MEMO _____	
⑆000000000⑆ ⑆000000000⑆ 1025	

Continued on reverse



Direct Deposit by Electronic Funds Transfer (EFT) (continued)

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org

Your Name _____ SSN _____

Financial Institution Account Information (Continued)

Do not complete Option B or Option C if you completed Option A on the front of the form.

Option B Have your bank complete the following information and sign below:

Information for your bank/financial institution to complete

Name on Account _____

Name of Financial Institution _____ Telephone Number (____) _____

Financial Institution Address _____
Street City State ZIP Code

Checking Account Savings Account

Routing Number (9 numbers) | | | | | | | | |

Account Number (maximum 17 numbers) | | | | | | | | | | | | | | | | |

To be completed by financial institution: I confirm the identity of the above-named payee and the account number. As a representative of the above-named financial institution, I certify the financial institution agrees to receive and deposit the payment identified above.

Sign Here →
Financial Institution

Signature of Representative _____ Telephone Number (____) _____

Print Representative's Name _____ Date _____

Option C Complete the following information yourself:

Information for you to complete

Name on Account _____

Name of Financial Institution _____ Telephone Number (____) _____

Financial Institution Address _____
Street City State ZIP Code

Checking Account Savings Account

Routing Number (9 numbers) | | | | | | | | |

Account Number (maximum 17 numbers) | | | | | | | | | | | | | | | | |

Sample of numbers on check

