



Authorization For a Credit Union or Bank Deduction

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



If you receive a retirement, cobeneficiary, or survivor benefit from Colorado PERA, complete, sign, and send this form to PERA to have part of your benefit deducted and sent to your personal checking or savings account. Requests for deductions received at PERA by the 15th of the month will be effective for that month.

Your SSN

Three sets of boxes for entering the Social Security Number (SSN).

Name of deceased PERA member/retiree, if applicable _____
Last First

Your Information

Name _____
Last First MI

Address _____
Street, Route, or Box Number City State ZIP Code

Telephone Number (_____) _____ 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.

Authorization

I authorize PERA to automatically deduct the amount listed below from my monthly benefit and send it to my account listed below. I authorize my financial institution to provide PERA with any and all information needed to initiate or modify the electronic transfer of my deduction to be deposited. 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 deduction to be deposited. **I understand that the deduction amount can be deposited to a personal checking or savings account, but not to a trust, managed fund, brokerage account, foreign institution, or any institution that is not part of the Federal Reserve.** 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.

Begin a new deduction amount of \$ _____
at _____
Financial Institution

Cancel my current deduction amount of \$ _____
at _____
Financial Institution

Change my deduction amount to \$ _____
at the current financial institution.

Keep my current deduction amount and change the financial institution
to _____
Financial Institution

Sign Here → Signature _____ Date _____

(Complete "Financial Institution Account Information" section on reverse)

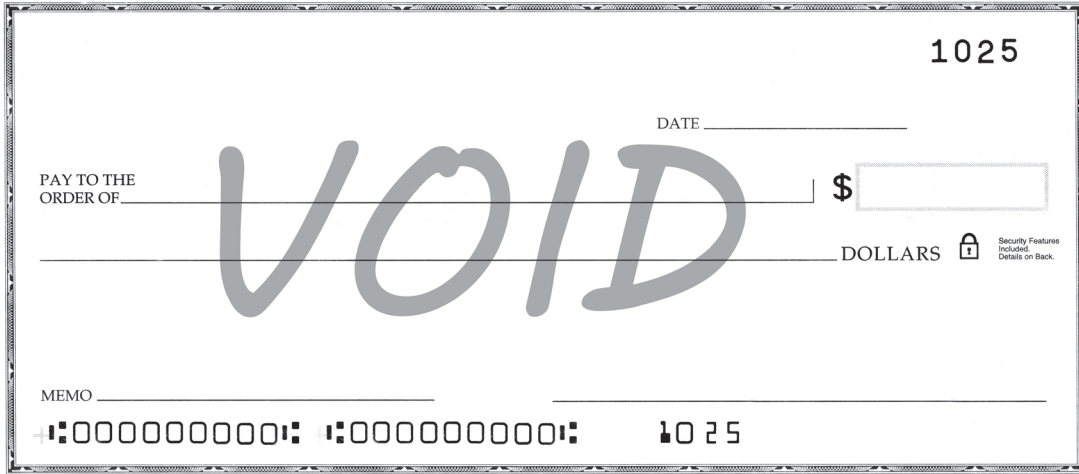
Name _____ SSN _____

Financial Institution Account Information

Please choose only one of the following three options for completing this section:

- Option A: Attach a preprinted check below
- Option B: Have your financial institution complete and sign below
- Option C: Complete the account information yourself below

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.**



Option B

Information for your bank/financial institution to complete

Have your bank complete the following information and sign below.

Name on Account _____

Name of Financial Institution _____ Telephone Number (____) _____

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

Information for you to complete

Complete the following information yourself.

Name on Account _____

Name of Financial Institution _____ Telephone Number (____) _____

Address _____
Street City State ZIP Code

Checking Account Savings Account Routing Number (9 numbers) _____

Account Number (maximum 17 numbers) _____

Sample of numbers on check

