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):

**CONVENIENT**

» **Convenient.** No waiting for checks to clear so your bills can be paid. You know your funds will be credited to your account.

» **Save time.** Direct deposit eliminates the need to make deposits in person. You’ll avoid driving time and long lines at the bank.

» **Accessible.** Log in to your account anytime at copera.org and view your statements online.

**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**

» **Sign up for EFT online by logging in to your account at copera.org.**

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

  Colorado PERA  
  PO Box 5800  
  Denver, CO 80217-5800

(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, 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 Direct Deposit by Electronic Funds Transfer (EFT) form either online when logged in to your PERA account or complete the paper form and mail to PERA. 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 or log in to your PERA account at copera.org and complete the form online.

Q. When will my direct deposit take effect?

All new requests, changes, or cancellations of an EFT must be received by the 15th of the month to be effective that month.

Q. How do I cancel my direct deposit?

To cancel your direct deposit, notify PERA in writing and include your signature. 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?

Using your user ID and password, you can view and print statements online via your PERA account. You may also opt in to receive paper statements by calling PERA’s Customer Service Center.

FORM INSTRUCTIONS

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, you may either complete the attached form or log in to your PERA account and complete the form online.

» A benefit recipient includes PERA and DPS benefit structure retirees, survivors, or disability retirees.

Complete paper form

Detach and fax your completed form to 303-863-3727 or mail it to:

Colorado PERA
PO Box 5800
Denver, CO 80217-5800

If you need help with your banking information, your financial institution can complete and sign the “Option B” section on the last page of the form.

Complete online

Log in to your account at copera.org.

Select the “Update my direct deposit information” button under the “Payment information” section on your dashboard.

Follow the prompts to complete your information.

» If you are completing the form online, you may want to confirm the routing and account numbers with your financial institution prior to submitting the form online if you are unsure of what information to provide.

Questions?

» Visit PERA’s website at copera.org
» Email PERA through the PERA website; click on the “Contact Us” link
» Call PERA at 800-759-7372
Direct Deposit by Electronic Funds Transfer (EFT)

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

Your SSN

Your Information

Name ____________________________ Last First MI

Address __________________________________________________________________________________________

Street City State ZIP Code

Email Address __________________________

Daytime Telephone (______)

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. Use the “Other” field for an Alternate Payee or Senior Judge 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, 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 ➔

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 ____________________________

$ ____________________________ DOLLARS

MEMO ____________________________

DATE ____________________________

5/55-eft (REV 10-23)
Your Name __________________________________________________ SSN ________________________________

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:

Name on Account

Name of Financial Institution ___________________________ Telephone Number ______

Financial Institution Address ____________________________

Checking Account   Savings Account   Other

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. I also certify that the account above is a personal checking or saving account and that as a representative of the above-named financial institution, I certify the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative ____________________________ Telephone Number ______

Print Representative’s Name ____________________________ Date __________

Sign Here ➔

Financial Institution

Option C

Complete the following information yourself:

Please print clearly and double check your entry for accuracy. Incorrect information will delay the receipt of your benefit.

Name on Account

Name of Financial Institution ___________________________ Telephone Number ______

Financial Institution Address ____________________________

Checking Account   Savings Account   Other

Routing Number (9 numbers) ________________________________

Account Number (maximum 17 numbers) __________________________

Sample of numbers on check

Routing Number

Account Number

Check Number (DO NOT INCLUDE)