



## Direct Deposit Authorization For Members

IPERS can electronically credit your monthly retirement benefit payment to your savings or checking account. Direct deposit means you don't need to make special arrangements to deposit your IPERS check. Your payment will be posted to your checking or savings account on the last business day of each month, ensuring the speed and safety of your payment. We hope you will select this most convenient payment option.

To select direct deposit, please complete this form and return it to IPERS at the address below.

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_

In which account would you like your payment deposited? Checking account  Savings account

**Please include ONE of the following:**

- Tape a VOIDED check or savings deposit slip here.
  - Your voided check or savings deposit slip must contain your financial institution's routing number and your account number.
- If you do not have a check or deposit slips, please include a letter from your financial institution that **includes** your name, bank name, routing number and account number.
- Write the bank name, routing number and account number below:
  - **Financial Institution:** \_\_\_\_\_
  - **Routing #(9-digits):** \_\_\_\_\_ **Account :** \_\_\_\_\_

**Consent to recover overpayments of IPERS benefits:**

I agree to allow IPERS to correct and recover electronic deposits of IPERS payments hereunder if an error in calculation or other overpayment of IPERS benefits to which I am not entitled occurs, including but not limited to overpayments caused by death or legal incapacity. If the funds have been withdrawn following an overpayment due to an error in calculation, my death, legal incapacity or for any other reason, I authorize my financial institution to release to IPERS the name and address of the person(s) responsible for withdrawing the funds.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_