



Direct Deposit Authorization

Form 21 – Revised 5/4/2011

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Benefit Recipient Information – PERS will automatically update the mailing address on file with the mailing address listed below.

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Social Security No.: _____ E-Mail: _____

Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

2 Type of Benefit Payment to Deposit – Select all payments to be fully and directly deposited to the bank account listed below. If the benefit recipient listed above receives payments from more than one PERS plan and wishes to deposit each payment in a separate account, a separate Form 21, Direct Deposit Authorization, must be completed for each bank account. Each payment must be deposited in its entirety into only one account and not divided between accounts.

Public Employees' Retirement System of Mississippi (PERS) Retiree Beneficiary

Mississippi Highway Safety Patrol Retirement System (MHSPRS) Retiree Beneficiary

Supplemental Legislative Retirement Plan (SLRP) Retiree Beneficiary

Municipal Retirement Systems (MRS) City: _____ Retiree Beneficiary

3 Bank Account Information – Attach a voided check to activate direct deposit to a checking account.

Direct deposit benefits are credited to bank accounts on the first banking day of the month that is not a weekend or federal holiday. **Allow one to two months after submitting this form for direct deposit to take effect.** Benefit payments will be issued via check by mail until direct deposit begins.

Bank Name: _____ Account Type: Checking Savings

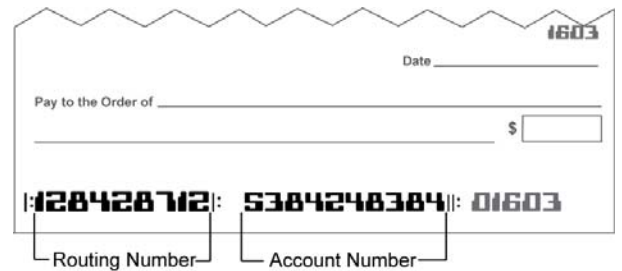
Account Owner's Full Name: _____

Account Owner's Social Security No.: _____

See sample check at right to find the following numbers:

Routing Number 9 digits: _____

Account Number up to 17 characters: _____



4 Applicant Authorization If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

I hereby authorize PERS to directly deposit retirement benefits for the above-listed benefit recipient to the above-listed account.

Applicant's Signature: _____ Date mm/dd/ccyy: _____