



Employer Pre-Arranged Payment Authorization

Form 8P – Revised 10/17/2011

Please print or type in black ink. Completion of this form authorizes PERS to collect contribution payments from an employer-specified depository. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Bank Account Information

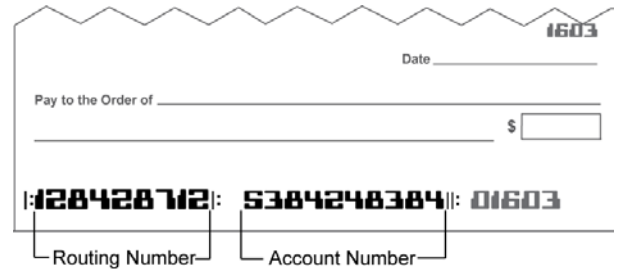
Bank Name: _____

Employer Name as appears on account: _____

See sample check at right to find the following numbers:

Routing Number 9 digits: _____

Account Number up to 17 characters: _____



2 Employer Authorization and Contact Information – This section must be completed by an authorized employer representative.

Employer Name: _____ Employer No.: _____

Employer Representative's Name: _____ Employer Representative's Title: _____

Employer Representative's Phone: _____ Fax: _____ E-Mail: _____

Contact Person's Name if different from Representative: _____

Contact Person's Phone: _____ Fax: _____ E-Mail: _____

As employer representative, I hereby authorize PERS to accept debit entries from the checking account and depository indicated above and to debit the same to such account.

This authority is to remain in full force and effect until PERS and the depository listed above have received written notification from an authorized employer representative of its termination in such time and in such manner as to afford the employer and depository a reasonable opportunity to act on said termination.

Employer Representative's Signature: _____ Date mm/dd/ccyy: _____