



Submit completed form to:  
**County Employees' Retirement Fund**  
 2121 Schotthill Woods Drive  
 Jefferson City, MO 65101  
 Toll Free: 877-632-2373  
 Fax: 573-761-4404

**Direct Deposit Authorization Form**

**IMPORTANT:** A **voided check** (NOT a deposit slip) must be returned with this form in order for you to receive payment. If using a savings account, documentation from your financial institution must be provided.

**PAYEE INFORMATION**

Social Security Number \_\_\_\_\_ - - \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**REQUIRED SIGNATURES – See Below**

I hereby authorize the County Employees' Retirement Fund's affiliated financial institution to initiate credits and debits relative to pension payment, if necessary, to my bank account listed below. This authorization hereby revokes all prior payment directions given to CERF. This authorization is to remain in full force and effect until CERF has received written notification from me or anyone with legal authority to act on my behalf. I understand that I may only change my information by notifying CERF in the manner specified herein and my information cannot be changed by contacting the financial institution. I also understand that CERF or its affiliated financial institution will not be liable for any error or delay in processing a transfer by another financial institution or its processing agent. Furthermore, I also permit the release by my current or any future receiving depository financial institution to CERF of my current address, names and current addresses of all persons listed on the account, and names and current addresses of all beneficiaries on the account, including, but not limited to those listed as "payable on death" or "transfer on death."

**Signature of Payee** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name of Joint Account Owner** (in addition to payee)

**Print Name of Joint Account Owner** (in addition to payee)

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

**Signature of Joint Account Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Joint Account Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION**

Bank's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  Checking Account  Savings Account

**REQUIRED FINANCIAL INSTITUTION SIGNATURE – See Below**

By signing below, the undersigned financial institution understands these payments will terminate with the last payment issued in the month of death of the payee and agrees to return to CERF the full amount of payments received after the last payment issued in the month of death of the named payee.

**Printed Name of Financial Institution Official** \_\_\_\_\_

**Title** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Signature of Financial Institution Official** \_\_\_\_\_ **Date** \_\_\_\_\_

**Deputy Director, on behalf of CERF** \_\_\_\_\_