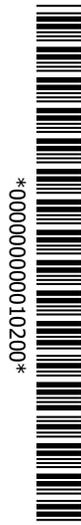




DIRECT DEPOSIT ELECTION

MEMBER INFORMATION			
I request that MPERA deposit my payment into my account at the financial institution identified below. I certify that I am the account holder of this account and I have identified all joint account holders. I authorize MPERA to make necessary adjustments to my account to collect deposits made in error.			
Last Name	First Name, MI	Person ID	
Mailing Address			
City		State	Zip Code
Signature (Required)		Daytime Phone Number ()	
FINANCIAL INSTITUTION INFORMATION			
◆ MPERA cannot make deposits to banks outside the U.S. ◆			
Name of Financial Institution		Phone Number	
Mailing Address	City	State	Zip Code
Request Type			
<input type="checkbox"/> Initial Request <input type="checkbox"/> Changing/Add Account <input type="checkbox"/> Remove Account			
New Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		New Routing Number	New Account Number
Old Bank Account Information (Only complete below if you are changing your existing direct deposit information with MPERA)			
Old Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Old Routing Number	Old Account Number
JOINT ACCOUNT HOLDER INFORMATION (if applicable)			
I certify by signing this form that I understand my responsibilities as a joint account holder to immediately advise both MPERA and the financial institution of the death of the payee and that payments deposited after the date of death must be returned to MPERA. I also understand providing false information or improperly receiving payment may be a criminal offense under Montana and federal law.			
Last Name	First Name, MI	Social Security Number * - -	
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Daytime Phone Number ()	
Mailing Address		City	State Zip Code
Joint Account Holder Signature (Required)			



Tape voided check, or enclose either Electronic Funds Transfer (EFT) form, or Account Verification from your financial institution here. (do not staple)

Indicate here if checks are not available for your checking account, and verify that you have clearly provided the accurate routing and account numbers.

Please do not attach a deposit slip.

* For identification and tax purposes. § 19-2-403(8) MCA, 26 USC § 6109.

IMPORTANT INFORMATION – PLEASE READ

We are pleased to offer you the safety and convenience of direct deposit. The financial institution you select may be any bank, savings bank, savings and loan association or similar institution, or federal or state chartered credit union located in the U.S.

Your name must be on the account that the payment is being deposited into. If your payment is to be deposited into your checking account, attach a **voided check**. (If checks are not available for your checking account, please note that on the form.) If it is to be deposited into your savings account, accurately provide the routing and account numbers. Please note: MPERA cannot make direct deposits to banks outside the U.S.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both MPERA and the financial institution of the death of the payee member. Payments deposited after the date of death must be returned to MPERA. A determination regarding any death benefit payable will be made by MPERA

