



Montana Public Employee Retirement Administration  
PO Box 200131 • Helena MT 59620-0131  
(406) 444-3154 • Toll Free (877) 275-7372  
<http://mpera.mt.gov> • Fax: (406) 444-5428

## DIRECT DEPOSIT ELECTION FORM

**NOTE: DIRECT DEPOSIT WILL NOT BE PROCESSED WITHOUT PROPER DOCUMENTATION AND WILL BE ISSUED AS A PAPER CHECK.**  
**(\*\*SEE INSTRUCTIONS ON BACK\*\*)**

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 or Member ID
Mailing Address				
City	State	Zip Code	Email Address	
FINANCIAL INSTITUTION INFORMATION (REQUIRED)				
MPERA cannot make deposits to banks outside the U.S.				
Name of Financial Institution			Phone Number	
Mailing Address		City	State	Zip Code
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Routing Number		Account Number
Document Included – (Do not staple to form) ***** <b>MUST SELECT AND ATTACH AT LEAST ONE TO PROCESS</b> ***** <input type="checkbox"/> Voided check ( <b>see back of form</b> ) <input type="checkbox"/> Electronic Funds Transfer (EFT) Form <input type="checkbox"/> Account Verification from Financial Institution				
MEMBER SIGNATURE				
<b>THIS FORM WILL NOT BE PROCESSED WITHOUT A SIGNATURE AND ONE APPROVED WITNESS SIGNATURE</b>				
Member Signature (Required)			Contact Phone Number (Required) (      )	
WITNESS SIGNATURE ONLY ONE TYPE OF WITNESS SIGNATURE IS REQUIRED				
1	PUBLIC NOTARY You may have this form notarized at your bank or any local government office			
State of _____ County of _____ Subscribed to and sworn to (or affirmed) before me this _____ _____ day of _____, 20____ by _____ (Claimant printed name)				( Seal or Stamp )
Signature of Notary		My Commission expires		
2	AUTHORIZED MPERA STAFF'S SIGNATURE			
MPERA Staff's Signature		Print Name		Date

## 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** in the box below. If this is not filled out properly, a paper check will be mailed.

ATTACH A VOIDED CHECK HERE USING CLEAR TAPE  
(**DO NOT ATTACH A DEPOSIT SLIP**)

OR ELSE PROVIDE

1) AN ELECTRONIC FUNDS TRANSFER FORM  
OR

2) AN ACCOUNT VERIFICATION FOR YOUR FINANCIAL  
INSTITUTION

**If checks are not available for your checking account**, please note that on the form and provide official verification of your account and routing numbers from the financial institution, e.g., account statement or alternative verification. If payment is to be deposited into your savings account, accurately provide the routing and account numbers, and provide official verification of your savings account and routing numbers from the financial institution. 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.