



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

DIRECT DEPOSIT ELECTION FORM

NOTE: DIRECT DEPOSIT WILL NOT BE PROCESSED WITHOUT PROPER DOCUMENTATION (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	
Signature (Required)		Contact Phone Number (Required) ()	
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
Request Type <input type="checkbox"/> Initial Request <input type="checkbox"/> Change/Add Account <input type="checkbox"/> Remove Account			
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number	Routing Number	
Document Included – (Do not staple to form) ***** MUST SELECT AND ATTACH AT LEAST ONE TO PROCESS ***** <input type="checkbox"/> Voided check (<u>see back of form</u>) <input type="checkbox"/> Electronic Funds Transfer (EFT) Form <input type="checkbox"/> Account Verification from Financial Institution			
Existing Bank Account Information			
(Only required if you have a current direct deposit on file with MPERA)			
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number	Routing Number	
JOINT ACCOUNT HOLDER INFORMATION (REQUIRED if shared account)			
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	Contact Phone Number ()	
Mailing Address	City	State	Zip Code
Joint Account holder Signature (Required)			

* 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** in the box below.

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.