



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 AGREEMENT

RETIREE INFORMATION			
I request that MPERA directly deposit my payment into my account at the financial institution identified below. I certify that I am the account holder of this account. I also certify I am entitled to payment from the retirement system; I have read and understand the back of this form; and I have identified all joint account holders.			
Last Name	First, MI	Social Security Number* - -	
Date of Birth / /	Retirement Number (leave blank if unknown)	Retirement System	
Mailing Address		City	State Zip Code
Daytime Phone Number ()	Signature		
FINANCIAL INSTITUTION INFORMATION			
◆ MPERA cannot make deposits to banks outside the USA ◆			
Name of Financial Institution		Phone Number	
Mailing Address		City	State Zip Code
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number	Routing Number	
JOINT ACCOUNT HOLDER INFORMATION (if applicable)			
I certify by signing this Application for Service Retirement 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 federal and Montana 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
Signature			

Attach a voided check here if checking account (do not staple).

Please do not attach a deposit ticket.

Important Information – Please Read

We are pleased to offer you the safety and convenience of direct deposit of your monthly benefit payment. You must complete this section of your Application for Service Retirement to authorize MPERA to send your monthly payment to the identified financial institution for deposit in your account. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or federal or state chartered credit union located in the US. Social security numbers are required for tax purposes. *26 USC § 6041(A) and 6109*

Forms received by the 15th of any month will be processed that month. Your payment will be electronically deposited into your bank account and posted on the last business day of each month. MPERA will not send a separate notification that your payment has been deposited, unless the net amount of the payment changes.

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 US.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

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

CANCELLATION

The direct deposit of your payment will continue until you notify MPERA, in writing, that you wish to change your account, or upon notification of your death. If you wish to change financial institutions, contact MPERA for a new Direct Deposit Agreement. **If changing accounts, do not close your existing account until a payment has been deposited into your new account.**

The financial institution may also cancel this agreement upon notification to you, the payee. Please notify MPERA if this occurs.