



AUTHORIZATION FOR DIRECT DEPOSIT FOR ANNUITY PAYMENTS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 18379 (Rev. 07-2010)

**NDPERS • 400 East Broadway, Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920**

PART A PARTICIPANT AUTHORIZATION			
Name (Last, First, Middle)		NDPERS Member ID:	
Last Four Digits of Social Security Number:		Date of Birth:	
I authorize the North Dakota Public Employees Retirement System (NDPERS) and the financial institution named on this form to initiate electronic fund transfer (EFT) of my retirement benefit(s) into my account as indicated below. I consent to the financial institution sharing my customer information with NDPERS for the purpose of completing the EFT arrangement.			
Amount: <input type="checkbox"/> 100% <input type="checkbox"/> _____ % <input type="checkbox"/> \$ _____			
<input type="checkbox"/> Checking Account Number: _____			
<input type="checkbox"/> Savings Account Number: _____			
This authorization will remain in effect until I notify NDPERS in writing to cancel it in such time as to afford NDPERS a reasonable opportunity to act on it.			
I agree to the terms listed on this authorization.			
_____		_____	
Signature of Annuitant/Payee		Date	
PART B FINANCIAL INSTITUTION (Must Be Completed By Institution/Bank)			
Name of Financial Institution			
Mailing Address		City	State Zip Code
Payee's Account Number		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing Number (9 Digits)			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
We, the financial institution named on this form, agree to receive and deposit sums for the payee. We agree to notify NDPERS upon becoming aware of the death of the payee.			
The payee has the right to cancel this authorization, and we reserve the right to cancel this agreement by written notice to the payee. NDPERS retains the right to reclaim all amounts paid in error to the member or authorized financial institution.			
_____		_____	
Signature of Financial Institution Representative		Date of Signature	
Financial Institution Representative (Please Print)		Title	Telephone Number

INSTRUCTIONS AND CONDITIONS

IMPORTANT NOTICE - This form is to be used only for North Dakota Public Employees Retirement System Benefit Payments.

If you wish your retirement benefit payment(s) sent to your financial organization for deposit into your savings or checking account, both you and the financial organization must complete this form to authorize this action. The North Dakota Public Employees Retirement System will forward these payments to the point you authorize. The financial organization may be any bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union.

**THIS FORM ONLY AUTHORIZES DEPOSITS INTO YOUR ACCOUNT.
IT DOES NOT AUTHORIZE WITHDRAWALS FROM YOUR ACCOUNT.**

PART A PARTICIPANT AUTHORIZATION

LINE 1 – For member identification, please provide all requested information.

LINE 2 – Check if you want 100% or a portion of your benefit to be direct deposited in the financial institution indicated in Part B.

LINE 3 - Check the type of account and print account number for the account in which this payment is to be deposited.

LINE 4 - Sign and date the form.

PART B FINANCIAL INSTITUTION SECTION

After completing the top portion of this form, the form should be delivered or sent to the designated financial institution. Upon completion, you and the financial institution should retain a photocopy for your records and the original is to be sent to the address at the top of this form.

CANCELLATION INSTRUCTIONS

When entered in your record with the North Dakota Public Employees Retirement System, this authorization will remain in effect until canceled by written notice by you to the North Dakota Public Employees Retirement System, or in the event of your death. The financial organization should also be notified if you cancel this agreement.

The financial organization may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the North Dakota Public Employees Retirement System if this authorization is canceled. The financial organization cannot cancel this authorization by advice to the North Dakota Public Employees Retirement System.

FINANCIAL INSTITUTION

Immediate credit will be given the first working day of each month through your correspondent bank account at the Bank of North Dakota.