AUTHORIZATION FOR DIRECT DEPOSIT OF FLEXCOMP REIMBURSEMENTS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53852 (09-2008)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

NDPERS | PO Box 1657 | Bismarck, | North Dakota 58502-1657
(701) 328- 3900 | 1-800-803-7377 | Fax 701-328-3920

PART A PARTICIPANT INFORMATION (Must Be Completed By Employee)

Employee Name (Last, First, MI)	Employee ID Number (Required)	Social Security Number (Required)
Department Name	Department Number	Department Telephone Number

This form must be completed by employees paid through their agency's payroll system.

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 FlexComp reimbursements to my account indicated below. I consent to the financial institution sharing my customer information with NDPERS for the purpose of completing the EFT arrangement.

☐ Checking Account Number: _____

☐ Savings Account Number: _____

I have read the information in its entirety, including the back page and I agree to the terms listed on this authorization.

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.

_____ _____

Signature of Participant Date Signed

PLEASE TAPE YOUR VOIDED CHECK HERE.

Your check must have your account number pre-printed by your financial institution.

ORIGINAL TO NDPERS – RETAIN A PHOTOCOPY FOR YOUR RECORDS

INSTRUCTIONS AND CONDITIONS

IMPORTANT NOTICE - This form is to be used only if you are employed by a participating employer whose payroll system is not integrated with the ND Office of Management and Budget (OMB) payroll system.

If you wish to have your FlexComp reimbursements sent to your financial institution for deposit into your bank account, you 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 institution may be any 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 INFORMATION

Your social security number is requried. New Participants: NDPERS will issue an Employee Identificaton Number upon reciept of this form and your FlexComp Enrollment form. Current Participants: Your Employee ID Number can be found on your FlexComp reimbursement check or direct deposit advice.

Print your department name, number, and telephone number.

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

Sign and date the form.

Attached your voided check.

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. The financial institution should also be notified if you cancel this agreement.

The financial institution 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 institution cannot cancel this authorization by advice to the North Dakota Public Employees Retirement System.