Louisiana State Police Retirement System

9224 Jefferson Hwy | Baton Rouge, Louisiana 70809 (225) 295-8400 or (800) 256-5210 Fax: (225) 295-8408; Email: info@lsprs.org

Direct Deposit Authorization

I hereby authorize and request the Louisiana State Police Retirement System (LSPRS) to direct the net amount of my monthly benefit payment for crediting to my account at the financial institution designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications regarding these monies. I further authorize LSPRS to initiate electronic funds transfer debit transaction to receive payments sent but not due (as in the event of my death). I further authorize the financial institution to release to LSPRS on request, the status of my account, my current mailing address, the names and mailing addresses of any joint account holder, and the names and mailing addresses of individuals who have power of attorney to withdraw funds from my account. If my death should occur prior to the due date of any payment which is made by LSPRS in compliance with this authorization, the below named financial institution shall refund such payments to LSPRS.

I certify that I am entitled to the payment identified herein, and that I have read and understand the provisions on this form.

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|--|----------------|-------------------|
| Payee Information/Authorization | | |
| Name: | | SSN: XXX-XX- |
| Mailing Address: | | |
| City, State, and Zip Code: | | Troop or Section: |
| Email: | Telephone No.: | Rank: |
| Signature of Payee or legal authorized representative: | | Badge No.: |
| Bank/Account Information | | |
| Name of Financial Institution (Bank): | | |
| Address of Financial Institution: | | |
| | | |
| Type of Account (please check one): | ☐ Checking | ☐ Savings |
| Bank ID (Routing) No. (attach voided check): | | |
| Account No.: | | |
| The above authorization is to remain in full force and effect until canceled by written notice from the retiree or the legal | | |

The above authorization is to remain in full force and effect until canceled by written notice from the retiree or the legal representative. You may change the designation of your financial institution by written notice to the Louisiana State Police Retirement System or by completing and submitting a new authorization form.