![Colorado PERA logo]

Authorization for a Deduction
Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
800-759-PERA (7372) • Fax: 303-863-3727 • copera.org

This *Authorization for a Deduction* form is not used to update your monthly benefit through Direct Deposit by Electronic Funds Transfer (EFT). This form is used by Colorado PERA to have part of your benefit deducted and sent to your personal checking or savings account. Requests for deductions received at PERA by the 15th of the month will be effective for that month.

Your SSN ☐☐☐ ☐☐ ☐☐☐☐

Your Information

Name _____
                    Last   First   MI

Address _____
        Street, Route, or Box Number   City   State   ZIP Code

Telephone Number (_____) _____ Email Address _____

Sign up for electronic delivery of PERA information?   ☐ Yes   ☐ No

Apply Changes to These Accounts

IF YOU RECEIVE MORE THAN ONE MONTHLY BENEFIT, specify below to which account(s) this form applies.
If you do not specify an account, the information specified on this form will be used for all your PERA accounts.

PERA Benefit Structure Account(s):   ☐ Retirement   ☐ Cobeneficiary/Survivor   ☐ Other: _____

DPS Benefit Structure Account(s):   ☐ Retirement   ☐ Cobeneficiary/Survivor   ☐ Other: _____

Complete separate forms if you would like each PERA benefit deposited into a different bank account.

Authorization

I authorize PERA to automatically deduct the amount listed below from my monthly benefit and send it to my account listed below. I authorize my financial institution to provide PERA with any and all information needed to initiate or modify the electronic transfer of my deduction to be deposited. Such information may include, but is not limited to, the name on the account, the account number, and the routing number. I understand that a photocopy of this authorization shall be as valid as the original and any information obtained by PERA will be used for the sole purpose of initiating or modifying the electronic transfer of my deduction to be deposited. **I understand that the deduction amount can be deposited to a personal checking or savings account, but not to a trust, managed fund, brokerage account, foreign institution, or any institution that is not part of the Federal Reserve.** I understand I may cancel this authorization at any time by notifying PERA in writing, and that such change will become effective after PERA receives the notification and has a reasonable opportunity to act on it.

Complete separate forms if you would like to have more than one deduction for each PERA monthly benefit.

CANCEL YOUR CURRENT DEDUCTION

☐ Cancel my current deduction amount of $ _____ at Financial Institution _____ .

Do not complete reverse page. The canceled deduction amount will not be drawn from your monthly benefit check or your EFT account set up with PERA.

CHANGE *OR* BEGIN YOUR DEDUCTION

☐ Change my current deduction amount of $ _____ to the new amount of $ _____ .
   OR
☐ Begin my new or add my deduction amount of $ _____ .

Complete Financial Institution Account Information section on reverse page.

Sign Here ➜ **Signature** _____ **Date** _____

(Complete "Financial Institution Account Information" section on reverse)
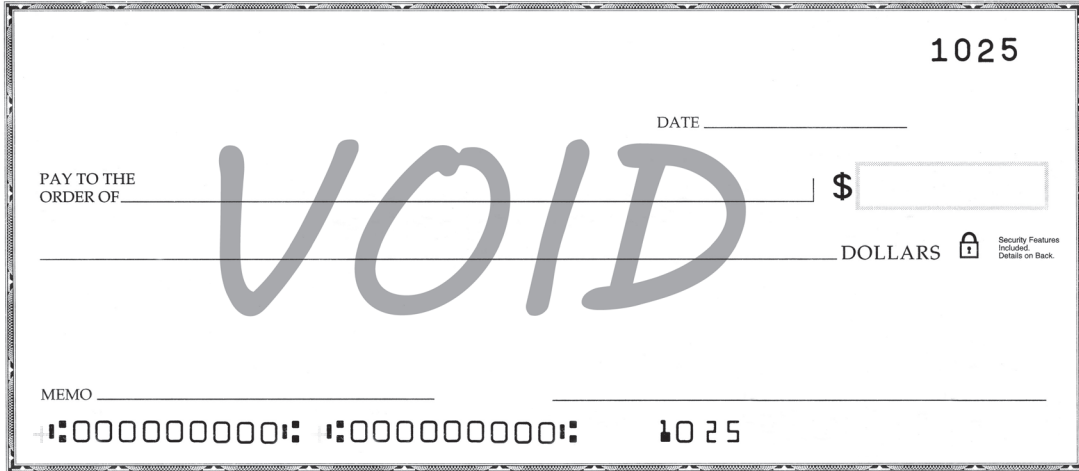
COLORADO PERA®

Name _____   SSN _____

Financial Institution Account Information	**Please choose only one of the following two options for completing this section if you are changing or adding a deduction. Do not complete if you are canceling a deduction.**

Option A: Attach a preprinted check below

Option C: Complete the account information yourself below

Option A   Please use tape (do not staple or glue) to attach a check here that contains your preprinted name and address. Write the word "VOID" across the check in large letters. DO NOT USE A DEPOSIT SLIP OR TEMPORARY CHECK.

1025

VOID

DATE _____

PAY TO THE ORDER OF _____ $ [   ]

_____ DOLLARS 🔒 Security Features Included. Details on Back.

MEMO _____

⑈:000000000⑈: ⑈:000000000⑈:   ⑈0 2 5

Option B
Information for you to complete

Complete the following information yourself.

Name on Account _____

Name of Financial Institution _____   Telephone Number (_____) _____

Address _____
         Street   City   State   ZIP Code

❑ Checking Account   ❑ Savings Account

Routing Number (9 numbers) [_ _ _ _ _ _ _ _ _]

Account Number (maximum 17 numbers) [_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _]

Sample of numbers on check

MEMO _____
⑈:000000000⑈: ⑈:000000000⑈:   ⑉0 2 5⑊

Routing Number   Account Number   Check Number
                                    (DO NOT INCLUDE)