



Direct Deposit by Electronic Funds Transfer (EFT)

Colorado Public Employees' Retirement Association
P.O. Box 5800, Denver, Colorado 80217-5800
800-759-PERA (7372) • Fax: 303-863-3727 • copera.org



Your SSN

Your Information

Your Name _____
Last First MI

Mailing Address _____
Street 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.
Use the "Other" field for an Alternate Payee or Senior Judge account.

Signature Certification

I authorize my financial institution to provide PERA with any and all information needed to initiate or modify the direct deposit of my monthly benefit payment. 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 monthly benefit payments.

I understand that PERA will make deposits to a personal checking or savings account on which I am the account holder, but not to a trust, managed fund, brokerage account, foreign institution, or any institution that is not part of the Federal Reserve. If PERA determines that this account is invalid due to the account holder or account type, I understand PERA must immediately discontinue deposit to the account. Furthermore, 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. Any future changes must be received at PERA by the 15th of the month to be effective for that month.

Sign Here → Your Signature _____ Date _____
Member

Financial Institution Account Information

You have the following three options for completing this section (complete only one option):

- Option A: Attach a preprinted check below
- Option B: Have your financial institution complete and sign on the reverse
- Option C: Complete the account information yourself on the reverse

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.





Direct Deposit by Electronic Funds Transfer (EFT) (continued)

Colorado Public Employees' Retirement Association
P.O. Box 5800, Denver, Colorado 80217-5800
800-759-PERA (7372) • Fax: 303-863-3727 • copera.org

Your Name _____ SSN _____

Financial Institution Account Information (continued)

Do not complete Option B or Option C if you completed Option A on the front of the form.

Option B Have your bank complete the following information and sign below:

Information for your bank/financial institution to complete

Name on Account _____

Name of Financial Institution _____ Telephone Number (____) _____

Financial Institution Address _____
Street City State Zip Code

Checking Account Savings Account Other _____

Routing Number (9 numbers)

Account Number (maximum 17 numbers)

To be completed by financial institution: I confirm the identity of the above-named payee and the account number. I also certify that the account above is a personal checking or saving account and that as a representative of the above-named financial institution, I certify the financial institution agrees to receive and deposit the payment identified above.

Sign Here → Signature of Representative _____ Telephone Number (____) _____

Financial Institution

Print Representative's Name _____ Date _____

Option C Complete the following information yourself:

Information for you to complete

Please print clearly and double check your entry for accuracy. Incorrect information will delay the receipt of your benefit.

Name on Account _____

Name of Financial Institution _____ Telephone Number (____) _____

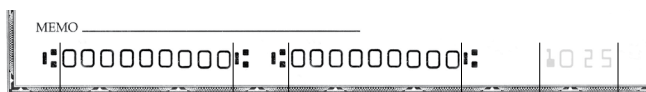
Financial Institution Address _____
Street City State Zip Code

Checking Account Savings Account Other _____

Routing Number (9 numbers)

Account Number (maximum 17 numbers)

Sample of numbers on check



Routing Number Account Number Check Number
(DO NOT INCLUDE)