

**PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM
OF LOUISIANA**

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***APPLICATION/AUTHORIZATION FOR ELECTRONIC DEPOSIT
OF RETIREMENT BENEFITS***

*I hereby authorize the Parochial Employees' Retirement System, hereinafter called **THE SYSTEM**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account (**select one**)*

Checking

Savings

*indicated below and the depository (bank) named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.*

DEPOSITORY (BANK) NAME: _____

CITY _____ *STATE* _____ *ZIP CODE* _____

BANK TRANSIT/ABA# _____ *MY ACCOUNT #* _____

*This authority is to remain in full force and effect until **THE SYSTEM** has received written notification from me of its termination in such time and in such a manner as to afford **THE SYSTEM** and the **DEPOSITORY** a reasonable opportunity to act on it.*

NAME _____ *SOCIAL SECURITY #* _____
(please print)

SIGNATURE _____ *DATE* _____

CONTACT NUMBERS: (RES) _____ *(RELATIVE)* _____

VERY IMPORTANT!

***** (ATTACH CHECK OR DEPOSIT SLIP HERE) *****

IN ORDER FOR THIS APPLICATION TO BE ACCEPTED AND TO CONFIRM ACCOUNT NUMBERS,
IT IS NECESSARY THAT WE HAVE THE FOLLOWING:

- **FOR CHECKING** = A "VOIDED" CHECK FROM YOUR PERSONAL CHECKBOOK WHICH MUST INCLUDE YOUR **PREPRINTED** PERSONAL INFORMATION, (IE=ACCOUNT NAME, ADDRESS)
- **FOR SAVINGS** = A "DEPOSIT SLIP" WITH **PREPRINTED** ACCOUNT INFORMATION.

*****NECESSITY!** A "**POWER-OF-ATTORNEY**" IS REQUIRED ON ACCOUNTS WITH
SIGNEES **OTHER THAN THE MEMBER AND HIS/HER SPOUSE.**

(Please send with this application)

THESE FORMS WILL BE PROVIDED FOR YOUR CONVENIENCE UPON REQUEST.