



AUTHORIZATION FOR DEPOSIT OF RECURRING PAYMENTS

Member ID#:

INSTRUCTIONS: Read carefully. Print or type.

To authorize the State Universities Retirement System (SURS) to direct deposit your monthly benefit, complete this form and attach a voided personal check or deposit ticket. All information requested on this form is confidential and is required to direct your payments to your financial institution. The information you provide will be used for identification with the records of SURS and the financial institution to ensure your payments are directed to the point you authorize. Failure to provide the requested information may affect or preclude the direct deposit of your payments. Please provide a daytime phone number so we can contact you if necessary.

I hereby authorize and request SURS to direct my recurring payments for crediting in my account indicated at the financial institution designated below, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial institution designated reserves the right to cancel this agreement by notice to me.		
Name of financial institution	Financial institution telephone number (include area code)	
Street	City, State, Zip Code	
CHECK ONE:	Account Number	Routing Number
<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Trust <input type="radio"/> Money Manager Checking <input type="radio"/> Money Manager Savings		

It is required that your name appears on the account of which your benefit payment is to be deposited.

Please attach a personalized voided check or deposit slip.

If these documents are unavailable, please provide a letter (original copy) from your financial institution stating your name and account number for verification.

Signature _____

Date _____

Daytime Phone _____

Email Address _____

ORIGINAL DOCUMENT REQUIRED / DO NOT FAX