



DIRECT DEPOSIT ENROLLMENT AUTHORIZATION

EMPLOYEE NAME: _____ SSN: _____ - _____ - _____

ACTION TYPE (check one):
_____ NEW
_____ CHANGE
_____ TERMINATE THIS OPTION

FINANCIAL INSTITUTION NAME: _____

ACCOUNT NAME (example John or Jane Doe, Joe Doe): _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE (check one): _____ CHECKING _____ SAVINGS

Attach a check marked "void" for checking account or a portion of savings statement showing complete account number for savings account.

I, _____ hereby authorize and request the City of Baton Rouge & Parish of East Baton Rouge Employees' Retirement System to initiate credit entries to my account number listed above at the depositories name above, and to initiate, if possible, debit entries or adjustments for any credit error.

If funds paid to me in error cannot be recouped through a debit entry, I hereby agree and authorize my employer to adjust the next check due me to correct the overpayment.

It is my responsibility to notify the Retirement System should any changes occur to the account specified. Considering all above conditions are met, this authorization remains in full effect until written signed notification indicating termination of this option is received from me and the City of Baton Rouge & Parish of East Baton Rouge Employee's Retirement System has had reasonable opportunity to act on the termination.

Phone Number

Signature

Date