

## **Direct Deposit Authorization**

124 W Capitol Ave Ste 400 Little Rock, AR 72201-3704 (501) 682-7800 • (800) 682-7377 www.apers.org

I. Retiree Information													
APERS ID or SSN		First Name			Last Nam								
Address			City						Sta	te	Z	ip Code	
Primary Telephone Number				Secondary Telephone Number									
II. Account Information													
Name of Financial Institution				Type of Account  □ Checking* □ Savings						Account Ownership  □ Individual □ Joint			
Routing Number Account Number													
*For a checking account, you may complete the routing number and account number or attach a voided check on the next page.													
III. Joint Account Holder Information													
First Name		Last Name						Relation					
Address					City				ST	ST Zip Code			
Primary Telephone Number				Em	nail Addre	SS							
IV. Retiree Authorization													
I hereby authorize the Arkansas to the account indicated above v financial institution indicated abois authorized to debit the accouruntil APERS has received written financial institution a reasonable benefit deposited in this manner	vith the sa ove to cred at and retu notification opportun	me effect a dit the sam Irn the amo In from me	as if a che le to such ount of al e of its te	eck h n acc ny su rmir	nas been count. Sh uch over nation in	delive ould a age to such t	ered to in over APERS ime ar	me for su deposit b 3. This auth nd manner	ch am e mad nority as to	ount. I a le, the f is to rer afford <i>I</i>	also a inano main APER	authorize the cial institution in full effect S and the	
Name of Person Completing Form					Signature of Person Completing Forn					n			
Relationship to Retiree  □ Self □ Legal Guardian □ Power of Attorney □ Parent (o					of dependent child survivor)				Da	Date			
V. Notary Public Acknowle													
Before me, the undersigned notary, personally appeared the above-named person satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he or she executed the same for the purposes therein contained.								Affix se	eal o	r stamp here			
State	County				Date A	ppeared							
Notary Public Signature Date Comm				ission Expires									



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VI. Voided Check									
Attach voided check here									