

**AUTHORIZATION FOR DIRECT DEPOSIT OF MONTHLY CHECK**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip Code

Home Phone No. (\_\_\_\_) \_\_\_\_\_ Mobile Phone No. (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

OkMRF Employer(s) you retired from: \_\_\_\_\_

**PAYEE'S AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT DEPOSIT**

Use this form to authorize OkMRF to directly deposit your monthly benefit payments to your designated account in a financial institution via electronic funds transfer. Forms must be received by OkMRF by the 10<sup>th</sup> day of the month to begin direct deposit in the following month.

**PART 1 – Financial Institution Information:**

Name of Financial Institution	Please choose one account for direct deposit <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Mailing Address of Financial Institution (City, State, Zip)	Account Number

**PART 2 – Attach Document**

**ATTACH A PERSONALIZED DOCUMENT HERE**

If your deposit will be made to your checking account, please tape a voided check here. Your name must be pre-printed on the check. Temporary checks are NOT accepted.

If your deposit will be made to your savings account, please tape here a personalized document from your financial institution showing the institution's routing number and your account number.

**PART 3 – Signature**

I hereby authorize and direct Northern Trust Co. (hereinafter called "Northern Trust Co. "), as paying agent for the OkMRF and of the \_\_\_\_\_ (name of plan) to deposit the net amount that I am due for any periodic payment with the same effect as if a check had been delivered to me for such amount. I also authorize and direct the Financial Institution, to credit this amount to this account. Should an overpayment be made by Northern Trust Co. , I hereby authorize and direct the Financial Institution to debit the amount of such overpayment from this account, or any account of mine held by the Financial Institution, and to return to Northern Trust Co. the amount of any such overpayment, solely upon Northern Trust Co.'s written statement that an overpayment has been made. I am making this authorization and direction to the Financial Institution as consideration to Northern Trust Co. for its compliance with this request to make direct deposits. If the Financial Institution fails to promptly comply with this authorization and direction to reimburse Northern Trust Co. for any overpayment to my account(s), I further agree to directly reimburse Northern Trust Co. for such overpayment.

These authorizations and directions are to remain in full effect until Northern Trust Co. has received written notification from me of their revocation or change in such time and manner as to afford Northern Trust Co. and the Financial Institution a reasonable opportunity to act upon such notice.

I understand that Joint Tenants on my account are not automatically eligible for my benefit upon my death or legal incapacity. The Plan will determine what survivor benefits are payable upon my death.

In order to assure that all Authorization for Direct Deposit are properly authorized, this form must be signed by the pensioner or a person who has a Durable Power of Attorney or Guardianship Documents on file with OkMRF. Changes must be received by OkMRF by the 10<sup>th</sup> of the month in order to be applied to the next month's pension payment.

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**Date**

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**Payee's Signature**

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Witnessed and approved.

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**Date**

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**BY: \_\_\_\_\_**  
**Authorized Agent for the Retirement Committee**

Submit Authorization for Direct Deposit to the Employer on record **OR** have it notarized below and mail to: OkMRF, 525 Central Park Drive, Suite 320, Oklahoma City, OK 73105

State of \_\_\_\_\_

County of \_\_\_\_\_

The forgoing document was signed and sworn to (or affirmed) before me on \_\_\_\_\_(date)

by \_\_\_\_\_ (name(s) of person(s) making statement).

\_\_\_\_\_  
Signature of Notary

My commission expires: \_\_\_\_\_

(Seal)