

**DISTRICT ATTORNEYS' RETIREMENT SYSTEM**

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

I hereby authorize the District Attorneys' 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 in 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 I 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, I.E. ACCOUNT NAME, ADDRESS, ETC.

**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).