

AUTHORIZATION FOR DIRECT DEPOSIT

Please submit copy of Driver's License with all change requests

SECTION 1: CONTACT INFORMATION	
Name Social Security Numb	er
Mailing Address City State Zip C	Code
Daytime Phone Number Evening Phone Number E-mail Address	
SECTION 2: BANK INFORMATION	
Name of Financial Institution	
Routing Number Account Num Checking Savings	mber (up to 17 digits)
Name of Joint Account Holder (if Applicable)	Social Security Number
SECTION 3: PAYEE & JOINT ACCOUNT HOLDER'S SIGNATURE	
I hereby authorize the DARS to direct the net amount of my monthly benefit payment to my accepts the responsibility of notifying DARS of the death of the named Payee, and agree returning any funds to DARS which were transmitted by DARS to the named Payee, and fully understand the obligations contained herein.	evokes all prior payment direction account that are not due, or funds transfer debit transactions to status of my account, my current mailing addresses of individual eath should occur prior to the dust, the named financial institution at signer, listed below, on the bares to accept full responsibility for
Payee's Signature	Date
Joint Account Holder's Signature	Date

Attach Copy of Voided Check

INSTRUCTIONS

This form authorizes direct deposits into your account and is to be used only for payments disbursed by the District Attorneys' Retirement System (DARS).

Deposits will be made by way of electronic funds transfer (EFT) from DARS account to your account.

Please mail, fax, or email the completed form to DARS. Include a copy of your driver's license.

COMPLETE FORM IN ITS ENTIRETY

For Section 2: **New** Account Information

- a. Provide the complete name and address of the financial institution to which payments will be made.
- b. Identify the type of account either checking or savings.
- c. Enter the routing number for your new bank (9 digits; can be found on the bottom of check, usually the first set of numbers).
- d. Enter the new account number (up to 17 digits; can be found on the bottom of check, usually the second set of numbers).

JOINT ACCOUNT HOLDERS

Joint account holders must immediately advise DARS and the financial institution of the death of the payee. Funds deposited after the death of the payee must be returned to DARS. After the death of the payee, joint account holders signing this form agree to be personally liable for any payments made to the financial institution which are not returned to DARS.

PAYEE CANCELLATION INSTRUCTIONS

This authorization remains in effect until cancelled by written notice from the payee (or the legal representative, in the event of the death of the payee). You may change the designation of your financial institution by completing and submitting a new authorization form or updating online through your Member Portal.

HOLIDAYS AND WEEKENDS

Direct Deposits for monthly benefit payments will be in your bank or credit union on the first working business day of the month. If you have not received your direct deposit by the first working business day of the month, please contact DARS in Baton Rouge at 225.267.4824