District Attorneys' Retirement System

AUTHORIZATION FOR DIRECT DEPOSIT

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

SECTION 1: CONTACT INFORMATION

Name

Social Security Number

Mailing Address

City

State

Zip Code

Daytime Phone Number

Evening Phone Number

E-mail Address

SECTION 2: BANK INFORMATION

Name of Financial Institution

☐ Checking ☐ Savings

Routing Number

Account Number (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 account at the financial institution designated above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. Upon my death, if payments have been deposited to my account that are not due, or if funds are credited to my account in error for any reason, I authorize: 1) DARS to initiate electronic funds transfer debit transactions to retrieve those payments and 2) The financial institution (bank or credit union) to release to DARS the status of my account, my current mailing address, the names and mailing addresses of any joint account holders, and the names and mailing addresses of individuals who have power of attorney relevant to those payments to withdraw funds from my account. If my death should occur prior to the due date of any payment that is made by DARS in compliance with the Authorization for Direct Deposit, the named financial institution shall refund such payments to DARS. I certify that I am entitled to the payment identified herein. Any joint signer, listed below, on the bank account accepts the responsibility of notifying DARS of the death of the named Payee, and agrees to accept full responsibility for returning any funds to DARS which were transmitted by DARSto the account after the death of the Payee. By signing below, I certify that I have read the provisions of this form, and fully understand the obligations contained herein.

Payee's Signature

Date

Joint Account Holder's Signature

Date

****Attach Copy of Voided Check****

2525 QUAIL DRIVE | BATON ROUGE, LA 70808-9042 | darsdirector@ladars.org | TEL (225) 267-4824 | FAX (225) 214-4106 | www.ladars.org

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

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