

Missouri Sheriffs' Retirement System

P.O. Box 105257, Jefferson City, MO 65110-5257

Direct Deposit Authorization

| | | | |
|----------------------------------|-------|--------------------------------------|------|
| MEMBER/SURVIVOR NAME: | | MEMBER/SURVIVOR SOCIAL SECURITY NO.: | |
| MEMBER/SURVIVOR MAILING ADDRESS: | CITY: | STATE: | ZIP: |

| | |
|--|--|
| FINANCIAL INSTITUTION NAME & ADDRESS: | |
| TYPE OF ACCOUNT <input type="checkbox"/> Checking Account | <input type="checkbox"/> Savings Account |
| BANK ROUTING NO.: | BANK ACCOUNT NO.: |

Please attach a Void Blank Check

I do hereby appoint the financial institution listed on this form as my agent to receive, endorse, and collect my monthly benefit payable to me from the Sheriffs' Retirement System for the purpose of making direct deposits to my account in said institution. This authorization is not an assignment of my right to receive such payments. If funds to which I am not entitled are deposited into the account, I authorize the Sheriffs' Retirement System, or its authorized designee, to direct the financial institution to return said funds. This authorization hereby revokes any prior payment directions given to the Sheriffs' Retirement System. This authorization shall remain in full force and effect until the Sheriffs' Retirement System has received written notification of its termination from me or any one with legal authority to act on my behalf, and in such manner as to afford the Sheriffs' Retirement System and the financial institution a reasonable opportunity to act on it. I understand I may only revoke my authorization by notifying the Sheriffs' Retirement System in the manner specified herein and my authorization cannot be revoked by contacting the financial institution. This authority will remain in effect until I sign a new authorization form.

Member/Survivor Signature

Date