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AUTHORIZATION FOR DIRECT DEPOSIT

_____ Payee Name	_____ Payee SSN
_____ Mailing Address	_____ Member Name/SSN (if not Payee)
_____ City, State Zip Code	_____ City of Membership
_____ Telephone	_____ Email

*The Internal Revenue Service requires spousal information for members that are married at the time of retirement and whose benefits began on or after January 1, 2005. Please complete the following if this information was not previously provided:

Spouse Name _____ SSN _____ Date of Birth _____

DIRECT DEPOSIT INFORMATION

Name of Banking Institution _____ Account Type: Checking Savings
Routing Number _____ Account Number _____

I, the undersigned, do hereby appoint the banking institution named above as my agent to receive, endorse, collect and return (if necessary) the recurring amount payable to me from the Oklahoma Police Pension and Retirement System for the purpose of making a direct deposit to my account in said banking institution. This authorization is not an assignment of my right to receive such payment. This authorization hereby revokes all prior payment directions given to the Oklahoma Police Pension and Retirement System.

Payee Signature (**Witnessed by Notary**)

Date

NOTARY'S SIGNATURE:

STATE OF _____) ss.
COUNTY OF _____)

Subscribed and sworn to before me, the undersigned notary, on this the _____ day of _____, 20____.

Notary Signature _____ My commission number _____

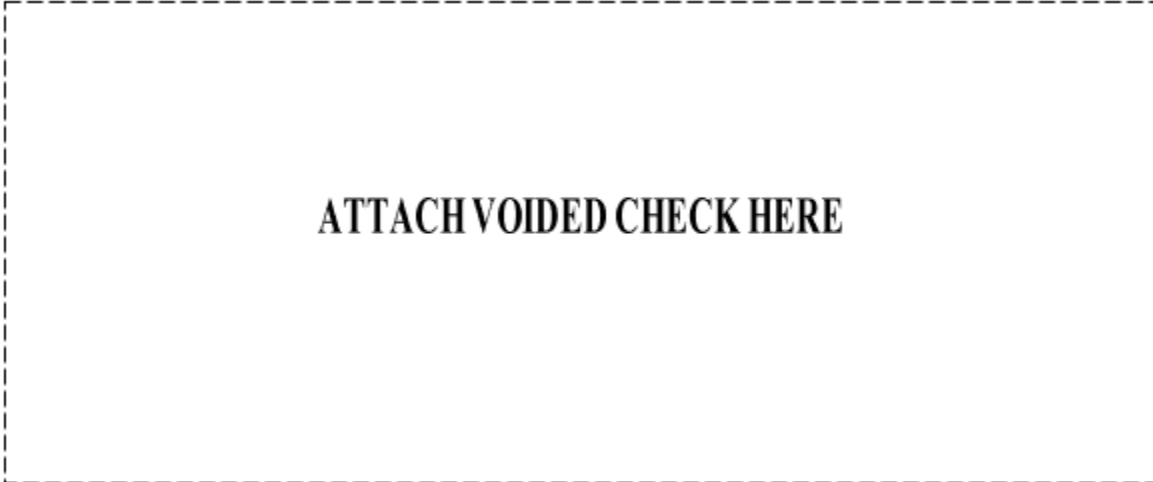
[SEAL] _____ My commission expires _____

A COPY OF THE FOLLOWING DOCUMENT(S) MUST ACCOMPANY THIS FORM:

Voided check or other documentation provided by your financial institution showing the account type, routing number, and account number.

VERIFICATION OF DIRECT DEPOSIT INFORMATION

For deposit into a checking or savings account, please attach to this request a voided check or proper documentation provided by your financial institution showing the account type, routing number, and account number. **Your request cannot be processed without this information.** This authority is to remain in full force and effect until I give the Oklahoma Police Pension and Retirement System (“System”) written notice to terminate this direct deposit agreement. This information is provided by me to facilitate my personal banking needs and shall be considered personal and held in confidence.



Be sure to notify the System of any address change since we will be sending information about your retirement benefits.

A COPY OF THE FOLLOWING DOCUMENT(S) MUST ACCOMPANY THIS FORM:

Voided check or other documentation provided by your financial institution showing the account type, routing number, and account number.