



P.O. Box 26129 Santa Fe, NM 87502 (505)827-8030 phone (505) 827-1855 fax (505) 989-1338 payroll fax

## Authorization Agreement for Direct Deposit Services

Please complete this Authorization Agreement for Direct Deposit Services form to receive automatic deposits of your monthly benefit to your banking institution. Your benefit will be directly deposited into your bank account on the last working day of each month. If you're currently receiving monthly benefits, NMERB must receive this completed form by the 10th of the month in order to become effective the same month.

Please select one:  New Form  Change in existing information:

Please select one:  Member  I receive a benefit as a beneficiary Please provide \_\_\_\_\_  
Deceased member's SSN:

Your name: \_\_\_\_\_ SSN: \_\_\_\_\_

For address change check this box:  Phone No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

You are hereby directed to electronically transfer my monthly allowance benefit checks to the:

Name of Bank and/or Financial Institution \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Address (PO Box No.) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\* REQUIRED: you must also attach a voided check, a copy of a voided check, or a completed Direct Deposit form from your bank. Please do not include a copy of a deposit slip.**

Type of Account:  Checking  Savings

I authorize NMERB to make credit and debit entries to my account at the above named financial institution. I agree to notify NMERB immediately upon discovery of any errors resulting from transactions under this authorization and of any changes that may affect these instructions. I agree to hold NMERB and the State of New Mexico harmless from any and all loss, cost, damages or expenses suffered as a result of errors in my credit or debit entries caused by persons not employed by NMERB. I direct the above named institution to refund NMERB any deposits made to my account after my death in accordance with the agreement set forth below.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Bank and/or Financial Institution Use Only: THIS MUST BE COMPLETED BEFORE SUBMISSION TO NMERB.**

### Agreement of Depository Bank and/or Financial institution

In accordance with the authorization of the depositor, we hereby agree to credit and debit to depositor's account, benefit payments and corrections made by the New Mexico Educational Retirement Board (NMERB) without depositor's endorsement. We further agree to repay and refund to NMERB on demand, the total amount of any such payments received and deposited to the account of the depositor, the due date of which occurs subsequent to the death of the depositor, and agree to accept the certification of the NMERB as sufficient evidence of the date of death of the depositor. Bank/Transit Routing Number Name of the depositor.

Bank/Transit Routing Number \_\_\_\_\_

Name of Bank and/or Financial Institution \_\_\_\_\_

Confirmation of Customer's Account Number \_\_\_\_\_

Address \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_