

OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM

1001 N. W. 63rd Street, Suite 305
Oklahoma City, Oklahoma 73116-7335
(405) 840-3555 / 1 (800) 347-6552
www.opprs.ok.gov

AUTHORIZATION FOR DIRECT DEPOSIT OF MONTHLY PENSION BENEFIT

*Member Name _____ Member SSN _____

City member retired from _____

I, the undersigned, _____, SSN _____,
(Payee – Please Print Name)

do hereby appoint (Name of Banking Institution) _____

Bank Street Address or Post Office Box _____

Bank City, State and Zip _____

Bank Telephone Number () _____

as my agent to receive, endorse and collect the recurring amount payable to me from the Oklahoma Police Pension and Retirement System for the purpose of making a direct deposit to my **CHECKING** or **SAVINGS** 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.

SIGNATURE _____

MAILING ADDRESS _____

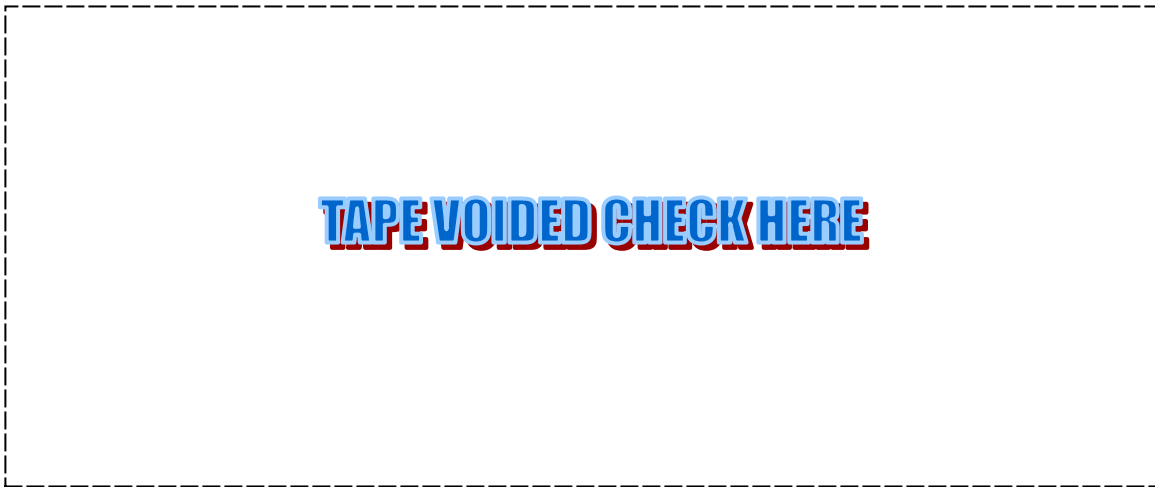
CITY, STATE, ZIP _____

TELEPHONE NUMBER () _____ DATE _____

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.

For deposit to a checking account, attach to this request a **VOIDED** check (deposit slips are not accepted) from the financial institution of your choice so that we can use the information to make a proper deposit. For a deposit to a savings account, provide a document from your financial institution showing the financial institution’s routing number and your account number.

NOTE- your request cannot be processed without this information. Thank you.



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

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

Spouse Name (please print) _____

Spouse SSN _____ Spouse Date of Birth _____