



Name <small>Last</small> <small>First</small> <small>Middle</small>		Date of Birth	PLAN TYPE (Check all that apply) <input type="checkbox"/> SCHOOL <input type="checkbox"/> OMAHA <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> JUDGES <input type="checkbox"/> PATROL <input type="checkbox"/> DCP
Social Security Number		Email	
Address		City State Zip	
Home Phone	Work Phone	Employer	

Direct Deposit

CHECK ONE → I am requesting direct deposit for my: Monthly Benefit Lump Sum Refund

AUTHORIZATION FOR DIRECT DEPOSIT OR CHANGE IN ACCOUNT

I authorize the Nebraska Public Employees Retirement Systems to initiate direct deposit entries to my checking/savings account at the Financial Institution indicated below:

This direct deposit account will be established or changed as soon as possible, and you will receive confirmation of the change. **This form must include your signature.**

FOR DIRECT DEPOSIT INTO A CHECKING ACCOUNT:

You **MUST** attach a voided check to this form in order to initiate direct deposit to your financial institution.

(NOTE: Voided deposit slips will not be accepted because all required account information may not be present.)

Attach voided check here.

(Please use tape only. **DO NOT STAPLE.**)

Failure to attach a voided check may delay the implementation of your direct deposit request.

FOR DIRECT DEPOSIT INTO A SAVINGS ACCOUNT:

We require documentation from your financial institution (such as an account statement), which lists your account number and the routing number of the financial institution.

FINANCIAL INSTITUTION

Name:		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
City:	State:	Zip:	

NOTE: This authorization is to remain in effect until the Nebraska Public Employees Retirement Systems receives notice of change. This notice of change must be received at least 30 days prior to the change effective date. If you are unable to secure a bank account, please contact NPERS for further options.

A SIGNATURE IS REQUIRED FOR AUTHORIZATION OR CHANGE.

X Member's Signature:	Date:
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