

AUTHORIZATION FOR DIRECT DEPOSIT OF MONTHLY CHECK

Name _____ Social Security No. _____

Address _____
Number and Street City State Zip Code

Home Phone No. (____) _____ Mobile Phone No. (____) _____

E-mail Address _____

OMRF Employer(s) you retired from: _____

PAYEE'S AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT DEPOSIT

Use this form to authorize OMRF to directly deposit your monthly benefit payments to your designated account in a financial institution via electronic funds transfer. Forms must be received by OMRF by the 10th day of the month to begin direct deposit in the following month.

PART 1 – Financial Institution Information:

Name of Financial Institution	Please choose one account for direct deposit <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Mailing Address of Financial Institution (City, State, Zip)	Account Number

PART 2 – Attach Document

ATTACH A PERSONALIZED DOCUMENT HERE

If your deposit will be made to your checking account, please tape a voided check here. Your name must be pre-printed on the check. Temporary checks are NOT accepted.

If your deposit will be made to your savings account, please tape here a personalized document from your financial institution showing the institution's routing number and your account number.

PART 3 – Signature

I hereby authorize and direct JP MORGAN CHASE (hereinafter called "JP Morgan Chase"), as paying agent for the OMRF and of the _____ (name of plan) to deposit the net amount that I am due for any periodic payment with the same effect as if a check had been delivered to me for such amount. I also authorize and direct the Financial Institution, to credit this amount to this account. Should an overpayment be made by JP Morgan Chase, I hereby authorize and direct the Financial Institution to debit the amount of such overpayment from this account, or any account of mine held by the Financial Institution, and to return to JP Morgan Chase the amount of any such overpayment, solely upon JP Morgan Chase's written statement that an overpayment has been made. I am making this authorization and direction to the Financial Institution as consideration to JP Morgan Chase for its compliance with this request to make direct deposits. If the Financial Institution fails to promptly comply with this authorization and direction to reimburse JP Morgan Chase for any overpayment to my account(s), I further agree to directly reimburse JP Morgan Chase for such overpayment.

These authorizations and directions are to remain in full effect until JP Morgan Chase has received written notification from me of their revocation or change in such time and manner as to afford JP Morgan Chase and the Financial Institution a reasonable opportunity to act upon such notice.

I understand that Joint Tenants on my account are not automatically eligible for my benefit upon my death or legal incapacity. The Plan will determine what survivor benefits are payable upon my death.

In order to assure that all Authorization for Direct Deposit are properly authorized, this form must be signed by the pensioner or a person who has a Durable Power of Attorney or Guardianship Documents on file with OMRF. Changes must be received by OMRF by the 10th of the month in order to be applied to the next month's pension payment.

Date _____
Payee's Signature

Witnessed and approved.

Date **BY:** _____
Authorized Agent for the Retirement Committee

Submit Authorization for Direct Deposit to the Employer on record **OR** have it notarized below and mail to: OMRF, 525 Central Park Drive, Suite 320, Oklahoma City, OK 73105

State of _____
 County of _____
 The forgoing document was signed and sworn to (or affirmed) before me on _____(date)
 by _____ (name(s) of person(s) making statement).
 _____ My commission expires: _____
 Signature of Notary
 (Seal)