

AUTHORIZATION FOR DIRECT DEPOSIT OF MONTHLY CHECK

Name	Social Security No
Address	
AddressNumber and Street	City State Zip Code
Home Phone No. () 1	Mobile Phone No. ()
E-mail Address	
OkMRF Employer(s) you retired from:	
PAYEE'S AUTHORIZATION AGREEMENT	FOR AUTOMATIC PAYMENT DEPOSIT
	ctly deposit your monthly benefit payments to on via electronic funds transfer. Forms must be to begin direct deposit in the following month.
PART 1 – Financial Institution Information:	
Name of Financial Institution	Please choose one account for direct deposit Checking Savings
Mailing Address of Financial Institution (City, State, Zip)	Account Number
2. mang 1. man 2. man 2	
PART 2 – Attach Document	
Arma ozz a DED COMA I	IZED DOCUMENTE VIDA
ATTACH A PERSONAL	IZED DOCUMENT HERE
	count, please tape a voided check here. Your name Temporary checks are NOT accepted.
	unt, please tape here a personalized document from on's routing number and your account number.





Date

PART 3 – Signature

These authorizations and directions are to remain in full effect until Northern Trust Co. has received written notification from me of their revocation or change in such time and manner as to afford Northern Trust Co. 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 OkMRF. Changes must be received by OkMRF by the 10th of the month in order to be applied to the next month's pension payment.

Payee's Signature

Witnessed and approved.	
D-4	BY:
Date	Authorized Agent for the Retirement Committee
-	posit to the Employer on record OR have it notarized below and reet, Suite 260, Oklahoma City, OK 73116 1-888-394-6673
State of	
County of	
The forgoing document was signed and	d sworn to (or affirmed) before me on(date)
by	(name(s) of person(s) making statement).
	My commission expires:
Signature of Notary	
(Seal)	