



Name Last First Middle			Date of Birth	PLAN TYPE (Check all that apply) <input type="checkbox"/> OPS <input type="checkbox"/> SCHOOL <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 ALL THAT APPLY. I AM REQUESTING DIRECT DEPOSIT FOR MY:

Monthly Benefit
 Lump Sum Refund
 Systematic Withdrawal Option (SWO)

ACCOUNT TYPE.
(Mark one box only)

Checking
 Savings

NOTE: This authorization is to remain in effect until the Nebraska Public Employees Retirement Systems receives notice of change. No change will be made to your direct deposit information for at least 30 days (or possibly longer) from the date NPERS receives your request. If you are unable to secure a bank account, please contact NPERS for further options.

FOR DIRECT DEPOSIT INTO A CHECKING ACCOUNT:

Please attach a voided check to this form in order to initiate direct deposit to your financial institution. You may provide documentation from your financial institution which lists your account number and routing number.

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.

If Changing Your Direct Deposit Information, You Must Verify the Information NPERS Currently Has on File

Name of Financial Institution: _____

Last Four Digits of Account Number: _____

A Signature is Required for Authorization OR Change

X Member's Signature: _____ Date: _____