

Submit completed form to:

County Employees' Retirement Fund
2121 Schotthill Woods Drive
Jefferson City, MO 65101
Toll Free: 877-632-2373

Fax: 573-761-4404

FORM EFT ELECTRONIC FUNDS TRANSFER

Direct Deposit Authorization Form

PAYEE INFORMATION					
Social Security Number -	- E	mail Address			
First Name		_			
Address					
Home Phone ()					
FINANCIAL INSTITUTION INFOR	RMATION				
	-				
Bank's Name					
Address		City		State	Zip
Routing Number	Account Num	ber		_ Checking Account	☐ Savings Account
A voided check, deposit slip, or l be returned with this form.	etter from your fina	ancial institutior	ı showing	account number and r	outing number must
REQUIRED SIGNATURE					
I hereby authorize the County Employees' R my bank account listed above. This authorize					

I hereby authorize the County Employees' Retirement Fund's affiliated financial institution to initiate credits and debits relative to pension payment, if necessary, to my bank account listed above. This authorization hereby revokes all prior payment directions given to CERF. This authorization is to remain in full force and effect until CERF has received written notification from me or anyone with legal authority to act on my behalf. I understand that I may only change my information by notifying CERF in the manner specified herein and my information cannot be changed by contacting the financial institution. I also understand that CERF or its affiliated financial institution will not be liable for any error or delay in processing a transfer by another financial institution or its processing agent. Furthermore, I also permit the release by my current or any future receiving depository financial institution to CERF of my current address, names and current addresses of all persons listed on the account, and names and current addresses of all beneficiaries on the account, including, but not limited to those listed as "payable on death" or "transfer on death."

Signature of Payee	Date

Please include a voided check, deposit slip, or bank letter