

**PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM  
OF LOUISIANA**

**DAINNA TULLY, ADMINISTRATIVE DIRECTOR  
P O BOX 14619  
BATON ROUGE, LA 70898-4619  
TELEPHONE (225)928-1361 FAX (225)923-0933**

**APPLICATION/AUTHORIZATION FOR ELECTRONIC DEPOSIT OF RETIREMENT  
BENEFITS**

I hereby authorize the Parochial Employees' Retirement System, hereinafter called **THE SYSTEM**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account, (SELECT ONE)

**Checking**  **Savings**

Indicated below and the depository (bank) named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

DEPOSITORY (BANK)NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BANK TRANSIT/ABA# \_\_\_\_\_ MY ACCOUNT# \_\_\_\_\_

This authority is to remain in full force and effect until **THE SYSTEM** has received written notification from me of its termination in such time and in such a manner as to afford **THE SYSTEM** and the **DEPOSITORY** a reasonable opportunity to act on it.

NAME (Please print) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Telephone Numbers (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**VERY, VERY IMPORTANT!! PLEASE READ THOROUGHLY!!!**

**\*\*\*\*(ATTACH A VOIDED PRE-PRINTED CHECK FOR CHECKING ACCOUNTS OR A VOIDED PRE-PRINTED DEPOSIT SLIP FOR SAVINGS ACCOUNTS HERE)\*\*\*\***  
**IN ORDER FOR THIS APPLICATION TO BE ACCEPTED AND TO CONFIRM ACCOUNT NUMBERS, WE MUST HAVE THE FOLLOWING: (if not sent, the application will be rejected.)**

**FOR CHECKING:** A VOIDED CHECK FROM YOUR PERSONAL CHECKBOOK WHICH MUST INCLUDE YOUR "**PRE-PRINTED**" PERSONAL INFORMATION (EX: Account Name, Address, etc.) THE MEMBER'S NAME MUST BE INCLUDED ON THE CHECK AS WELL AS THE CHECKING ACCOUNT AS A SIGNEE: **WE DO NOT ACCEPT ANY BLANK OR COUNTER CHECKS WITH HAND PRINTED PERSONAL INFORMATION ON IT.**

**FOR SAVINGS:** A DEPOSIT SLIP WITH PRE-PRINTED ACCOUNT INFORMATION.

**IF YOU CANNOT PROVIDE A COPY OF A VOIDED CHECK FOR CHECKING OR A DEPOSIT SLIP FOR SAVINGS AS REQUESTED ABOVE, YOU MAY REQUEST YOUR BANK TO PROVIDE THIS INFORMATION ON THEIR BANK LETTERHEAD AND HAVE IT FAXED TO US AT 225-923-0933.**

**PLEASE READ IMPORTANT INFORMATION BELOW!!**

**A "POWER OF ATTORNEY" IS REQUIRED ON ACCOUNTS WITH SIGNEES OTHER THAN MEMBERS AND HIS/HER SPOUSE. PLEASE SENT THIS WITH THIS APPLICATION. \*\*\*WE CAN PROVIDE THESE FORMS AT YOUR REQUEST.\*\*\***