

**Instructions**

Retired members of the City of Austin Employees' Retirement System (COAERS) can complete this form to direct their monthly annuity payments to be deposited electronically to a financial institution of their choosing. **Only changes received on or before the 15<sup>th</sup> day of the month will be effective for that month's payment.**

**Personal Information**

|                 |             |              |                                       |          |
|-----------------|-------------|--------------|---------------------------------------|----------|
| First Name      | Middle Name | Last Name    | Social Security Number<br>***-**-**** |          |
| Mailing Address |             | City         | State                                 | Zip Code |
| Date of Birth   | Home Phone  | Mobile Phone |                                       |          |
| Email Address   |             |              |                                       |          |

**Member Authorization and Signature**

I hereby authorize the City of Austin Employees' Retirement System to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below, and I authorize the financial institution named below to credit and/or debit these entries to such account. This authority revokes all prior payment directions and is to remain in full force and effect until COAERS has received written notification from me of its termination in such time and in such manner as to afford COAERS and my financial institution a reasonable opportunity to act on it.

**Type of Account** (check one):

Checking account or  Savings account

**Banking Information:**

**Attach one of the following:**

Voided Check  Bank Letter with account holder's name, routing number and account number

**Attach voided check here or Bank Letter. Form will not be accepted without check or Bank Letter.**

**Member Identification:**

Part A: PHOTO ID

**Attach one of the following:**

- Driver's License     Department of Safety Identification Card     Passport    |

**Attach Photo ID here. Form will not be accepted without Photo ID.**

Part B: SOCIAL SECURITY CARD

**Attach one of the following:**

- Social Security Card     Social Security Number Verification Form (provided upon request)

**Attach Social Security Card here or staple Social Security Number Verification Form. Form will not be accepted without Social Security Card or Social Security Verification Form.**

**SIGN AND DATE IN THE PRESENCE OF A NOTARY PUBLIC. My signature below acknowledges the following:**

|               |           |      |
|---------------|-----------|------|
| <b>NOTARY</b> | Signature | Date |
|               | X         |      |

State of \_\_\_\_\_ County of \_\_\_\_ Before me, the above-named individual personally appeared, and he/she is known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me and executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Personalized Seal) Notary Public's Signature: \_\_\_\_\_