

FOR OFFICE USE ONLY

SYS: _____

ID: _____

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**

3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016
(602)255-5575 FAX (602)296-2369 www.psprs.com

FORM 13

09/09

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AUTHORIZATION TO DIRECT DEPOSIT BENEFIT CHECK

APPLICANT'S NAME: _____

TELEPHONE NUMBER: (____) _____ - _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

Requests for changes received after the 10th of the month will be reflected at the end of the following month. Benefits are paid on the last business day of every month.

Please choose **ONE** of the following options and complete:

OPTION 1



Please stop my Direct Deposit and send a check by mail each month to my address on file.

(Please remember to sign the bottom of this form)

OPTION 2



DEPOSIT MY RETIREMENT CHECK IN: _____

(Name of Bank or Credit Union)

CHECKING ACCOUNT NUMBER: _____

OR

SAVINGS ACCOUNT NUMBER: _____

BANK ROUTING (TRANSIT)

NUMBER: _____

**A BANK OR CREDIT UNION VOIDED CHECK MUST BE ATTACHED,
AND COPY OF YOUR DRIVER'S LICENSE OR ID CARD**

(Please remember to sign the bottom of this form)

This authority is to remain in full force until the Public Safety Personnel Retirement System has received **WRITTEN** notification of change on the proper form from applicant.

Date: ____/____/____

Signature of applicant or recipient of benefit

PLEASE NOTE: We are **NOT** responsible for applications received without a voided check. If information is incorrect, it could delay your payment/deposit. We are **NOT** responsible for faxed copies not received or unreadable. Any checks returned to our office due to an incorrect address will be resent upon receipt of an updated address change form (Form 9) which can be located on our website www.psprs.com.