

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN
ARIZONA PSPRS TRUST**
3010 East Camelback Road, Suite 200
Phoenix, Arizona 85016-4416
www.psprs.com

Michael Townsend
Administrator

Michael Smarik
Deputy Administrator

Bret Parke
Assistant Administrator,
General Counsel

Mark Steed
Chief Investment Officer

ACH AUTHORIZATION FORM

REQUEST TYPE (Select ONE)	Taxpayer Identification Number (TIN):		<i>(Please include a copy of W9)</i>	
<input type="checkbox"/> New	EIN:	-	W9 attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Change	Legal Name, Address and Contact Information			
<input type="checkbox"/> Cancellation	Name:			
Cancellation Reason (Enter below):	Phone:		Ext.:	
	Address: (City, State, Zip code)			

FINANCIAL INSTITUTION				
Financial Institution Name:				
Phone:				Ext.:
Address (Optional): (City, State, Zip code)				
Account type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Routing Number:	
Account Number:				

Printed Name	Title	
AUTHORIZED SIGNATURE (REQUIRED)		Date

Change Information- For CHANGE REQUEST ONLY			
Changing:	Financial Institution:		
	Account type:		Account Number:
	Authorized Signature:		
Previous:	Previous Financial Institution:		
	Previous Account type:		Previous Account Number:

AUTHORIZATION FOR NEW SETUP, CHANGE(S) OR CANCELLATION
<p>Pursuit to A.R.S. Sec. 35-185, I authorize the AZ Public Safety Personnel Retirement System (PSPRS) to process payments owed to me by the PSPRS via Automated Clearing House (ACH) deposits. PSPRS shall deposit the ACH payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, and my electronic payments may be posted to the wrong account.</p> <p><i>I authorize PSPRS to withdraw from the designated account all amounts deposited electronically in error in accordance with NACHA rules and timelines.</i> If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize PSPRS to withhold any payment owed to me by PSPRS until the erroneously deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to PSPRS. The change or revocation is effective on the day PSPRS processes the request. I certify that I have read and agree to comply with PSPRS rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to, and agree to, comply with these rules even if they conflict with this authorization form. I authorize PSPRS to stop making electronic transfers to my account without advance notice. I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement and that all information provided is accurate.</p>

PSPRS USE ONLY			
Verified and Entered by:	Verified Date:	Employer ID:	Employer Name:
Entity Contact Verified By:	ACH Entered Date:	Approved by:	Approved Date:

ORIGINAL FORM IS PREFERRED. ANY REQUEST FOR ACH PAYMENTS INTO MULTIPLE ACH ACCOUNTS WILL BE REVIEWED AND APPROVED ON A CASE-BY-CASE BASIS.

SUBMIT COMPLETED FORM TO:
3010 East Camelback Road, Suite 200
Attention: Insurance Department
Phoenix, Arizona 85016-4416

Any question, please direct to email: mrodriguez@PSPRS.COM