

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

3010 East Camelback Road, Suite 200

Phoenix, Arizona 85016-4416

[www.psprs.com](http://www.psprs.com)

(602) 255-5575

FORM 13-Refunds

02/2024

Fax (602) 296-2368

OR email to

[ActiveMembersGroup@psprs.com](mailto:ActiveMembersGroup@psprs.com)

**AUTHORIZATION TO DIRECT DEPOSIT OF A REFUND CHECK**

Section 6109 of the Internal Revenue Code mandates disclosure of your Social Security Number (SSN). We will use your SSN to obtain account information and to inform the Internal Revenue (IRS) of distributions and withholdings.

SECTION 1 – PRINT INFORMATION			
SSN		FORMER EMPLOYER	
DATE OF BIRTH (MM/DD/YYYY)		E-MAIL ADDRESS	
NAME (LAST)		NAME (FIRST)	
NEW ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAILING ADDRESS – CITY, STATE, ZIP +4	
HOME PHONE # (with area code)		CELL # (with area code)	IF EX-SPOUSE, PROVIDE MEMBER'S NAME:

SECTION 2 – FINANCIAL INFORMATION	
<b>CHECK ONE</b> <input type="checkbox"/> Checking <b>OR</b> <input type="checkbox"/> Savings	<b>ATTACH (REQUIRED)</b> 1. <b>VOIDED CHECK</b> from new account, OR LETTER from financial institution with <ul style="list-style-type: none"> <li>• Your name</li> <li>• Account and Routing number</li> <li>• Checking or Savings</li> </ul> 2. <b>COPY OF DRIVER'S LICENSE or I.D. card</b>
Routing# (9 digits):	
Account #:	
Financial Institution:	

SECTION 3 – <u>REQUIRED SIGNATURE</u> <i>(Electronic Signature cannot be accepted)</i>
My signature below authorizes the deposit of my refund check(s) to the institution above and to debit my account and reimburse the PSPRS for purposes of error corrections. I further authorize the financial institution to provide the PSPRS/EORP/CORP with my address/ contact information and name/address of joint account holders or legal representatives.

REQUIRED SIGNATURE	DATE

If signing as a POA of Guardian, if you not already done so, provide our office with a copy of your appointment papers.

**Go to page 2** for Notary Acknowledgment section of the form.

*\*Please sign and date in the presence of a notary public.*

