

**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](http://www.psprs.com) | (602) 255-5575**

**ACH AUTHORIZATION FORM**

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

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

<b>PLEASE PRINT AND SIGN:</b>	
<b>Printed Name</b>	<b>Title</b>
<b>AUTHORIZED SIGNATURE (REQUIRED)</b>	<b>Date</b>

Change Information- <u>For CHANGE REQUEST ONLY</u>			
<b>Changing:</b>	<b>Financial Institution:</b>		
	<b>Account type:</b>		<b>Account Number:</b>
	<b>Authorized Signature:</b>		
<b>Previous:</b>	<b>Previous Financial Institution:</b>		
	<b>Previous Account type:</b>		<b>Previous Account Number:</b>

AUTHORIZATION FOR NEW SETUP, CHANGE(S) OR CANCELLATION
<p>Pursuit to A.R.S. §.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			
<b>Verified and Entered by:</b>	<b>Verified Date:</b>	<b>Employer ID:</b>	<b>Employer Name:</b>
<b>Entity Contact Verified By:</b>	<b>ACH Entered Date:</b>	<b>Approved by:</b>	<b>Approved Date:</b>

**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: [insurancegrp@psprs.com](mailto:insurancegrp@psprs.com)