

# Direct Deposit Authorization

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA via regular mail, fax, e-mail to [noreply.records@pera.nm.gov](mailto:noreply.records@pera.nm.gov) or upload to your RIO Self-Service account for processing. Failure to complete and submit this form in its entirety may result in your retirement benefit payment being postponed.

Check One:  Retiree     Co-Payee     Beneficiary

Check One:  New     Change In Existing Information

## Section 1

### Information About You

Social Security Number or PERA ID		Name (First, Middle Initial, Last)	
Date of Birth	( )	Phone Number	E-mail Address
Mailing Address		City	State
		Zip Code	

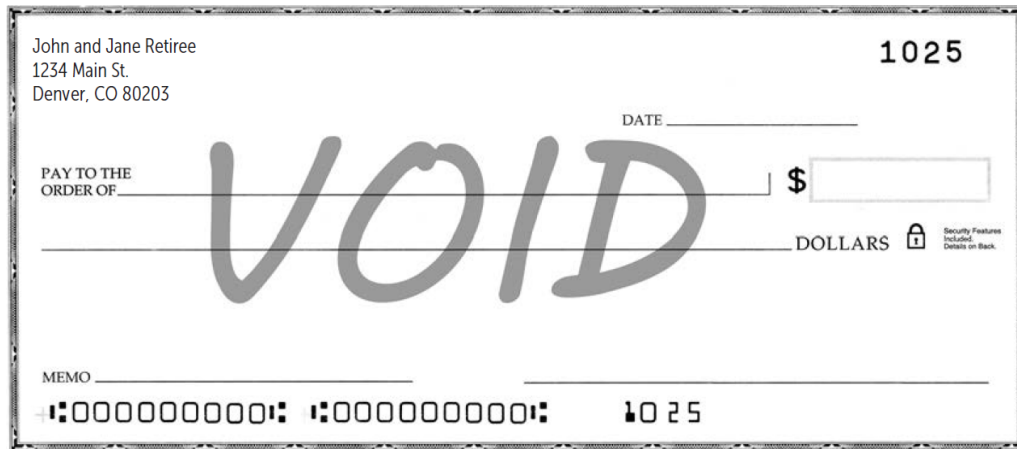
## Section 2

### Information About Your Financial Institution

Savings     Checking

Name of Current Financial Institution (changing from)		
Name of New Financial Institution (changing to)	New Routing Number	New Account Number

**YOU MUST ATTACH A VOIDED CHECK OR A COMPLETED DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION HERE  
(PLEASE DO NOT INCLUDE A COPY OF A DIRECT DEPOSIT SLIP)**



## Section 3

### Your Authorization

I authorize PERA to make credit and debit entries to my account at the above named financial institution. I agree to notify PERA immediately upon discovery of any errors resulting from transactions under this authorization and of any changes that may affect these instructions. I agree to hold PERA and the State of New Mexico harmless from any and all loss, cost, damage or expenses suffered as a result of errors in credit or debit entries caused by persons not employed by PERA. I direct the above named financial institution on demand to refund and repay to PERA any deposits made to my account after my death, the due date of which is subsequent to my death.

Signature of Applicant	Date
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# Direct Deposit Authorization Guidance

## Section 1

### Information About You

1. Check one box to indicate whether you are a Retiree, Co-Payee, or Beneficiary benefit recipient.
2. Check one box to indicate whether this form is for a new benefit payment or a change in existing information.
3. Please fill in all demographic fields of this section.

## Section 2

### Information About Your Financial Institution

1. Please provide all requested information for the financial institution that will receive the direct deposit of your retirement benefit payment.
2. You may only identify ONE account for your direct deposit. PERA cannot divide your refund between accounts.
3. You **must** attach a voided check or a completed direct deposit form from your financial institution. Please **DO NOT** include a copy of a direct deposit slip.

## Section 3

### Your Authorization

1. This section indicated you authorize PERA to make credit and debit entries to your account in the financial institution you provided on this form.
2. Please sign and date this form. Return it to PERA for processing.