



Direct Deposit Authorization

Form 21 – Revised 07/19/2017

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Benefit Recipient Information – PERS will automatically update the mailing address on file with the mailing address listed below.

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Social Security No.: _____ E-Mail: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone: _____ ☐ Cellular ☐ Home ☐ Work

2 Benefit Payments to Deposit – All payments selected for direct deposit will be fully and directly deposited to the bank account listed in Section 3. If you are receiving multiple benefit payments each month (e.g., a survivor benefit payment and a retirement benefit payment or retirement benefit payments from two separate plans) and would like for the separate payments directed to separate bank accounts, complete and submit a Form 21, Direct Deposit Authorization, for each payment.

Public Employees' Retirement System of Mississippi (PERS) ☐ Retiree ☐ Beneficiary

Mississippi Highway Safety Patrol Retirement System (MHSPRS) ☐ Retiree ☐ Beneficiary

Supplemental Legislative Retirement Plan (SLRP) ☐ Retiree ☐ Beneficiary

Municipal Retirement Systems (MRS) ☐ Retiree ☐ Beneficiary

3 Bank Account Information – Attach a voided check or signed letter from bank verifying name on account, routing number, and account number.

Direct deposit benefits are credited to bank accounts on the first banking day of the month that is not a weekend or federal holiday. **Allow one to two months after submitting this form for direct deposit to take effect.** Benefit payments will be issued via check by mail until direct deposit begins.

Bank Name: _____ Account Type: ☐ Checking ☐ Savings

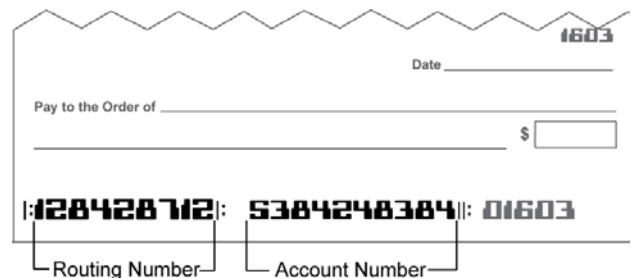
Account Owner's Full Name: _____

Account Owner's Social Security No.: _____

See sample check at right to find the following numbers:

Routing Number 9 digits: _____

Account Number up to 17 characters: _____



4 Applicant Authorization If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.


I hereby authorize PERS to directly deposit retirement benefits for the above-listed benefit recipient to the above-listed account.

Applicant's Signature: _____ Date mm/dd/ccyy: _____



Notary Public Acknowledgement

Revised 01/15/2020

Please print or type in black ink. **Complete this form and sign the corresponding form checked in Section 1 in the presence of the notary.** Once notarized and signed,  attach corresponding form and submit both forms to PERS.

1 Member/Retiree Information and Certification - Complete this section in the presence of the notary.

First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone: _____ ☐ Cellular ☐ Home ☐ Work

Select the form that accompanies this *Notary Public Acknowledgement*.

☐ PERS Form 5, *Member Refund Application (Required for inactive members only)*

☐ PERS Form 5A, *Member Waiver of Monthly Benefits*

☐ PERS Form 5B, *Spousal Waiver of Monthly Benefits (Requires member and spouse signatures*)*

☐ PERS Form BW, *Beneficiary Waiver*

☐ PERS Form 21, *Direct Deposit Authorization*

☐ PERS Form 22, *Waiver of Benefits*

☐ *Representative Payee Request*

☐ *Successor Information*

I/We hereby certify that the above information is complete and accurate and that the form selected above and attached hereto has been completed by me/us, the undersigned, with full knowledge and understanding of the purpose, intent, and outcome of any waivers, certifications, representations, and agreements I/we made by signing said form.

Applicant's Signature: _____ Date mm/dd/ccyy: _____

* Applicant's Signature, if required: _____ Date mm/dd/ccyy: _____

2 Notary Acknowledgement

State of _____

Affix Notary Seal Below

County of _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this

_____ day of _____, 20_____, within my jurisdiction, the within named

_____, who acknowledged that

he/she/they executed the above and forgoing instrument and the attached corresponding form.

Notary Public

My Commission Expires