PERS of MISSISSIPPI

Direct Deposit Authorization

Form 21 – Revised 05/2/2022

Please print or type in black ink. A voided check or letter from your bank is required. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

❶ 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

❷ 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

❸ Bank Account Information – 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.

Check type of account to receive direct deposit. Check one per form.

☐ Checking - 📎 *Attach a voided, pre-printed check or direct deposit authorization form from banking institution. Starter checks will not be accepted.*

☐ Savings - 📎 *Attach a savings account deposit slip or an official letter from banking institution that confirms type of account, name(s) on account, account number, routing number, and bank representative or payee signature.*

Attach check or savings account deposit slip here.

If you selected "Checking" above, attach either a voided, pre-printed check or direct deposit authorization form from banking institution. Starter checks will not be accepted.

If you selected "Savings" above, attach either a savings account deposit slip or an official letter from banking institution that confirms type of account, name(s) on account, account number, routing number, bank representative or payee signature.

❹ 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*: _____

Public Employees' Retirement System of Mississippi
429 Mississippi Street, Jackson, MS 39201-1005 800.444.7377 601.359.3589 601.359.5261, *fax* www.pers.ms.gov

Reset Form Print

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.*

❶ 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*: _____

❷ 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

Reset Form Print