



MISSOURI LOCAL GOVERNMENT
 EMPLOYEES RETIREMENT SYSTEM
 P.O. Box 1665, Jefferson City, MO 65102
 P: 1-800-447-4334 F: 1-573-636-9671

LRS-6 (Rev 7-2022)
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DIRECT DEPOSIT AUTHORIZATION (ELECTRONIC FUNDS TRANSFER)

Please see the instructions on the reverse side of this form.

SECTION A: BENEFIT RECIPIENT INFORMATION (PLEASE PRINT)											
Name	First	Middle	Last	Social Security Number							
Mailing Address											
E-mail Address								Phone			
<p>I do hereby appoint the financial institution listed on this form as my agent to receive, endorse, and collect amounts payable to me from the Missouri Local Government Employees Retirement System (LAGERS) for the purpose of making direct deposits to my account in said institution. This authorization is not an assignment of my right to receive such payments. This authorization hereby revokes all prior payment directions given to LAGERS. This authorization is to remain in full force and effect until LAGERS has received written notification of its termination from me or anyone with legal authority to act on my behalf, and in such manner as to afford LAGERS and the financial institution a reasonable opportunity to act on it. I understand I may only revoke my authorization by notifying LAGERS in the manner specified herein and my authorization cannot be revoked by contacting the financial institution. Furthermore, I acknowledge and agree that electronic deposits/payments to the account designated herein must comply with the provisions of U. S. law.</p>											
I declare the above statements to be correct and true to the best of my knowledge and belief.											
Signature of Benefit Recipient								Date			

ATTACH A DEPOSIT SLIP OR VOIDED CHECK

PLEASE HAVE THE SECTION BELOW COMPLETED BY THE FINANCIAL INSTITUTION PRIOR TO RETURNING THE FORM TO LAGERS.

SECTION B: FINANCIAL INSTITUTION INFORMATION (PLEASE PRINT)											
<p>By signing below, the undersigned financial institution and LAGERS acknowledge LAGERS as the Originator, and the undersigned financial institution as the Receiving Depository Financial Institution, and agree under the provisions of Article 3, Subsection 3.6.4 of the ACH Operating Rules of NACHA, that this is a master agreement and is applicable to all payments subject to Section 3.6 sent by the Originator to the Receiving Depository Financial Institution for the benefit of all Receivers having accounts at the Receiving Depository Financial Institution. The official who signs below represents that he/she is authorized to enter into this master agreement on behalf of the undersigned financial institution. The undersigned financial institution understands these payments will terminate with the last payment issued in the month of death of the benefit recipient and agrees to notify LAGERS upon learning of the death of the named benefit recipient. Payments returned to LAGERS shall not be subject to claims of the United States government under 31 C.F.R. Part 210. LAGERS will make direct paperless deposits to institutions which are members of an automated clearing house association.</p>											
Name of Financial Institution				Routing Number							
Benefit Recipient's Account Number					Type of Account:		Checking		Savings		
							<input type="checkbox"/>		<input type="checkbox"/>		
Financial Institution Address						Street					
City						State			Zip		
Printed Name of Financial Institution Official						Title					
Signature of Financial Institution Official						Date					
Phone				Robert L. Wilson, Executive Director On Behalf of LAGERS				<i>Robert L. Wilson</i>			

INSTRUCTIONS FOR THE DIRECT DEPOSIT AUTHORIZATION (ELECTRONIC FUNDS TRANSFER) FORM

TO: BENEFIT RECIPIENT

If you want LAGERS to transfer your monthly benefit payment electronically to your financial institution rather than receiving a paper check in the mail:

1. Complete and sign Section A of this form. Section A must be completed and signed by the benefit recipient or authorized agent under a power of attorney, conservatorship or guardianship. If an agent under a power of attorney completes and signs the form, a certified copy of the power of attorney must be attached. If a court appointed conservator or guardian completes and signs the form, a certified copy of the court order of conservatorship or guardianship must be attached.
2. Attach a “voided” check or deposit slip from your account to this form. This is used to verify the account and financial institution transit numbers. If checks or deposit slips are not used for the account, a statement to that effect may be attached to the form in lieu of the “voided” check or deposit slip.
3. Have your financial institution complete and sign Section B.

TO: DEPOSITORY FINANCIAL INSTITUTION

If you agree to receive payments from LAGERS for direct deposit to the benefit recipient’s account as outlined in the agreement:

1. Complete and sign Section B of this form.
2. Enclose a “voided” check or deposit slip and return the completed authorization to MOLAGERS.

Mail to: MOLAGERS
P.O. BOX 1665
JEFFERSON CITY, MO 65102

Fax to: 573-636-9671

Email to: mylagers@molagers.org

AN INCOMPLETE OR ALTERED DIRECT DEPOSIT AUTHORIZATION FORM WILL NOT BE ACCEPTED.