



Missouri Local Government Employees Retirement System

P.O. Box 1665, Jefferson City, MO 65102

P: 1-800-447-4334 F: 1-573-636-9671

DID YOU KNOW?

You can change or set up your direct deposit online!

Skip the paper form and complete your direct deposit quickly and securely online through your myLAGERS account.



- ✓ Fast & Easy
- ✓ Safe & Secure
- ✓ No Mail Delays

Scan the code or visit molagers.org to log in or create your myLAGERS account and set up your direct deposit in just a few simple clicks!

Need help? Contact us at 1-800-447-4334 or mylagers@molagers.org.





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LRS-6 (Rev 7-2025)

This form was downloaded from
molagers.org.

DIRECT DEPOSIT AUTHORIZATION FORM

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

SECTION A: TO BE COMPLETED BY BENEFIT RECIPIENT (PLEASE PRINT)

Name: First	Middle	Last	Social Security Number										
Mailing Address													
Email Address			Home Phone				Cell Phone						
<p>I authorize the Missouri Local Government Employees Retirement System (LAGERS) to directly deposit my monthly benefit payments into the account listed below. I also authorize LAGERS to debit my account for any payments made in error. This authorization replaces any previous direct deposit instructions. This authorization shall remain in effect unless modified or terminated. Modification or termination of this agreement must be completed in writing.</p> <p>I understand that this authorization applies only to benefit payments issued by LAGERS and that all electronic deposits will comply with applicable laws.</p>													
Signature of Benefit Recipient										Date			

*****Please attach a voided check or a deposit slip for your account listed below. If unavailable, attach a bank statement or official document confirming your account and routing numbers.*****

SECTION B: TO BE COMPLETED BY YOUR BANK (PLEASE PRINT)

By signing below, the bank acknowledges that LAGERS is the Originator and agrees to receive ACH credit transactions under the NACHA Operating Rules. The bank agrees to notify LAGERS upon learning of the death of the benefit recipient.												
Name of Bank			Routing Number									
Benefit Recipient's Account Number					Type of Account:		Checking			Savings		
							<input type="checkbox"/>			<input type="checkbox"/>		
Bank Address					Street							
City							State			Zip		
Printed Name of Bank Official							Title					
Signature of Bank Official							Date					
Phone			William Betts, Executive Director on Behalf of LAGERS									



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Instructions for Completing the Direct Deposit Authorization Form

1. **Complete and sign Section A** of this form.
2. **Attach a voided check or deposit slip.** If you do not use checks or slips, attach a statement from your bank verifying the account and routing numbers.
3. **Have your bank complete and sign Section B.** If your bank is unwilling to sign this section of the form, please contact LAGERS regarding additional required documentation.
4. **Submit the form to LAGERS.**

Mail:

Missouri LAGERS
P.O. Box 1665
Jefferson City, MO 65102

Email:

mylagers@molagers.org

Fax:

573-636-9671

Important Reminders

- You may revoke this authorization at any time by submitting a written notice to LAGERS.
- Your authorization will remain in effect until it is canceled or replaced.
- Payments may be adjusted, or LAGERS may recover funds for payments made in error.
- If you need help completing this form, contact us at 1-800-447-4334 or visit www.molagers.org.
- **An incomplete or altered direct deposit authorization form will not be accepted.**