



# Direct Deposit Authorization

Pension recipient to mail completed form to address below

Complete with black or blue ink only. Your request will be rejected if there is any whiteout on this form.

Request type: New application Change existing information  
I am a: Retiree Beneficiary Co-payee (Please provide members full name)

Member's Name (First, Middle, Last) Last 4 digits of members SSN  
XXX-XX-

Your Name (First, Middle, Last) Complete if receiving as beneficiary and/or co-payee Last 4 digits of your SSN  
XXX-XX-

Mailing address Email Address  
City State Zip Phone (include area code)

I hereby authorize the NMERB to change my address as indicated above.

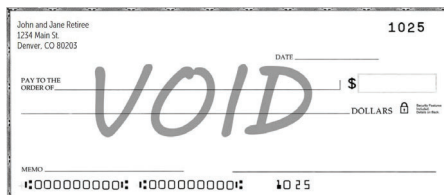
## Authorization and Direction

Name of Financial Institution  
Routing number Account number Account type (select one)  
Savings Checking

I authorize NMERB to make credit and debit entries to my account at the above-named financial institution. I agree to notify NMERB 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 NMERB 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 NMERB. I direct the above-named financial institution on demand to refund and repay to NMERB any deposits made to my account after my death, the due date of which is subsequent to my death.

X Pension recipient's signature Date (mm/dd/yyyy)

**You must attach either:**  
**a) a Voided Check; or b) a completed Direct Deposit Form from your current Financial Institution.**  
**Do not staple. Do not include a copy of a deposit slip**





## Direct Deposit Authorization

Pension recipient to mail completed form to address below

### INSTRUCTIONS

1. If you need to change your direct deposit information with the NMERB, you must complete this form and return the **original** to the NMERB (**Santa Fe location**). You must complete the top portion of the form with your personal information.
2. Print or type the name of the bank or financial institution where you would like your benefit payment paid by direct deposit.
  - You can only specify one account for your direct deposit – the NMERB cannot split your benefit payment.
  - Please indicate the account type – checking or savings.
  - You must attach either: a) completed direct deposit form for savings or checking accounts or b) voided check for checking accounts from your financial institution. This will be used to verify the account number.  
**Do not include a copy of a deposit slip.**
3. Your benefit will be directly deposited into your bank account on the last working day of each month.
4. If you're currently receiving monthly benefits, the NMERB must receive this completed form by the 10th of the month in order to become effective the same month. Forms received after the 10th of the month, will become effective the following month.
5. Please keep a copy of this request for your records.