

**Payee Information (Please type or print clearly):**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Bank Information (Please contact your bank branch for this information):**

Name of Institution: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

**Type of Account (Must be Checking or Savings only):**     Checking     Savings

**A voided check or a letter from your financial institution advising your account number and routing number must be submitted with this form. The account in which the monthly benefit is deposited must be held solely or jointly in the name of the Payee. The Retirement Services Department will not make any changes until all information is provided. Failure to provide this information may result in the delay of your pension benefit.**

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

\_\_\_\_\_  
Payee's Signature

\_\_\_\_\_  
Date

***Please Note:*** If there are any changes to your bank information in the future, such as bank name, routing number, account number or account type, you must contact the Retirement Services Department immediately for a new direct deposit form. **All account change requests must be received by the Retirement Services Department by the 15<sup>th</sup> of the month in order to become effective for the next payment cycle.**

**Place voided check here or attach letter from your financial institution**

You can also visit our website **moefunds.com** to print this form.  
**(Click on Fringes, Pension Plan Notices and Forms, Mandatory Direct Deposit Form)**