



Direct Deposit Authorization

With direct deposit, you will have access to your funds through your financial institution on the 20th of each month. If the 20th falls on a weekend or holiday, your funds will be available on the **next business day**.

HPRS **must** receive this signed, completed form by the first of the month in order for it to be processed for that month's payment.

Payee Information

► ☐ Check here if change of address

Last Name First Name Middle Initial

Street Address

City State Zip Code

XXX-XX-SSN DOB Home Phone

Email Address Cell Phone

Please deposit the following fixed amount (or percentage) of my monthly pension check into this account:

Financial Institution 9-Digit Routing Number Account Number
Checking ☐ Savings ☐ \$ _____ %
Fixed Amount or Percentage of Net Payment

If I have not allocated 100% of my net payment (above), please deposit the balance of my pension check into this account:

Financial Institution 9-Digit Routing Number Account Number
Checking ☐ Savings ☐

► _____
Signature Date

You may return this completed form by email to ccarter@ohprs.org, by fax or by mail to HPRS. If you have questions, please contact Charmaine Carter, System Accountant, at 614-430-3556 (direct), or by email.

(Please attach a voided check here)

Date Processed at HPRS: