

INSTRUCTIONS: Complete Part I. Take this form to your Financial Institution and request that the appropriate officer complete Part II. Original must be filed with PMRS at address shown above. A copy will be returned to payee indicating the effective date of the beginning of direct deposit.

PART I - Payee Agreement

I hereby authorize and request the Pennsylvania Municipal Retirement System (PMRS) to direct the net amount of my monthly benefit checks for crediting to my account indicated at the Financial Institution designated below, and I further authorize the Financial Institution to credit the same to such account without responsibility for correctness of such amount. I hereby revoke all prior payment address arrangements with PMRS.

This authorization will remain in effect until I give written notice of its termination to PMRS in such time and in such manner as to allow PMRS a reasonable opportunity to act upon it. I agree to notify PMRS if I wish to change the designated Financial Institution or account to which my net pay is to be deposited sixty (60) days prior to the effective date of such change.

PAYEE'S SIGNATURE	DATE
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Complete the following by placing one letter or number in each space. Leave blanks between words as appropriate.

PAYEE'S SOC. SEC. NO.

PAYEE'S NAME: FIRST NAME MID INTL. LAST NAME

PAYEE'S HOME ADDRESS: STREET ADDRESS (AREA)

PAYEE'S HOME PHONE:

STREET ADDRESS (IF NEEDED)

CITY STATE ZIP CODE -

ACTION TO BE TAKEN (CHECK ALL THAT APPLY):

- START DIRECT DEPOSIT
- CHANGE OF ACCOUNT NUMBER
- CHANGE OF FINANCIAL INSTITUTION
- STOP DIRECT DEPOSIT

PMRS USE ONLY

The requested change will be effective beginning with the check mailed from this office on _____

PART II - Financial Institution Agreement

We hereby agree to refund to the PMRS, to the extent funds are available in the account, the amount of any payments received by us, the due date of which shall be after the date of death of the payee.

SIGNATURE OF FINANCIAL INSTITUTION OFFICER	TITLE	DATE	TELEPHONE NUMBER
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Complete the information in the spaces provided exactly as it should appear on the check. If this Financial Institution is a member of the Automated-Clearing House (ACH), please check the account type shown below. If not an ACH member, check the box at left. After completing Part II, return the original form to the depositor. Thank you for your cooperation.

ACCOUNT NUMBER

INSTITUTION NAME

INSTITUTION ADDRESS

CITY STATE ZIP CODE -

ROUTING NUMBER - CHECK DIGIT

ACCOUNT TYPE TO BE CREDITED (CHECK ONE)
 CHECKING SAVINGS

The net amount of your monthly benefit checks will be credited to your account and available for use at the opening of bank business on the last working day of the month. Any questions should be addressed to the Membership Service Division at the address or phone number shown on the top of this form. Please notify PMRS of any change in your home address.