El Paso County Retirement Plan

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Colorado Springs, CO 80910

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EPCRPSupport@elpasoco.com

Direct Deposit Authorization Form

Name: _____

Address: _____

Social Security Number: _____

❑ I request monthly benefits payable from the El Paso County Retirement Plan to be made by check and mailed to my address on record.

❑ I request and authorize you to credit my account, as identified below, with any monthly benefits payable to me from the El Paso County Retirement Plan.

What type of account is this? ❑ Checking ❑ Savings

Bank Name: _____

Account Number: _____

ACH Routing Number:_____

If my account is credited in error, I also authorize both you and my financial institution to debit my account for any such amount.

This request for Direct Deposit of payments replaces any previous request. I understand that I may cancel or change this arrangement, in such time and manner that you and my financial institution have a reasonable opportunity to act on my instructions.

IMPORTANT: Please ensure your account number and routing number are legible and complete.

Signature:_____ Date:_____