



**COLORADO
PERA®**

**Personal.
Innovative.
Secure.**

**Colorado
Public
Employees'
Retirement
Association**

Direct Deposit by Electronic Funds Transfer (EFT)

Revised February 2012

Q. Where can I deposit the money?

Colorado PERA will only deposit your monthly benefit payment into a bank or credit union personal checking or savings account on which your name appears. Colorado PERA will not deposit to a trust, money market, managed fund, brokerage account, or any institution that is not part of the Federal Reserve.

If you are interested in direct deposit, but have been unable to open an account at a financial institution, please call Colorado PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372 to discuss special options available to retirees.

Q. How much does the service cost?

EFT is free to benefit recipients!

Q. How do I make changes?

If you change banks or your account number changes, complete a new form and mail it to Colorado PERA. You may call Colorado PERA to request the form or print the form from our Web site at www.copera.org. To cancel your direct deposit, notify Colorado PERA in writing. Any future changes must be received at Colorado PERA by the 15th of the month to be effective for that month. Except in cases of fraud or theft, it is best that you leave the former EFT account open until you confirm that your benefit is being deposited in the new account.

Q. When will my deposit be credited?

Your monthly benefit payment will be deposited into your account on the last business day of the month.

Q. Will I receive a statement?

Colorado PERA sends you an EFT statement whenever your benefit amount changes and at the end of each year or you can view statements for the last 13 months online using your PERA PIN/User ID and password. You also may call Colorado PERA to request a monthly statement.

Q. How do I start EFT?

Requests for EFT received at Colorado PERA by the 15th of the month will be effective for that month. To enroll, complete the form on the reverse and attach a voided check. If you would like your deposit to go into a savings account,

please call your financial institution and have them provide you with the required information. Mail your completed *Authorization For Direct Deposit of Benefit* to:

Colorado PERA
PO Box 5800
Denver, CO 80217-5800

Consider these advantages when using Colorado PERA's direct deposit system—Electronic Funds Transfer (EFT):

Easy.

With EFT, your monthly benefit payment is automatically deposited in your account for you. You don't need to worry about taking your check to the bank.

Fast.

Your monthly benefit payment is deposited on the last business day of the month. This makes it available to you two or three days sooner than if it is mailed to you.

Trouble-free.

There's no need to worry about your monthly benefit check being lost or stolen. You can rest easy knowing your monthly benefit payment is going directly to your account.

And best of all, EFT service is free!

Questions?

- Visit Colorado PERA's Web site at www.copera.org
- Call Colorado PERA at 303-832-9550 or 1-800-759-7372

This brochure provides general information about electronically depositing your Colorado PERA benefit into a checking or savings account. Your rights, benefits, and obligations as a benefit recipient are governed by Title 24, Article 51 of the Colorado Revised Statutes, and the Rules of the Colorado Public Employees' Association, which take precedence over any interpretations in this brochure.

Colorado Public Employees' Retirement Association
Mailing Address: PO Box 5800, Denver, CO 80217-5800
Office Locations: 1301 Pennsylvania Street, Denver
1120 W. 122nd Avenue, Westminster
303-832-9550 • 1-800-759-7372
www.copera.org

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Authorization For Direct Deposit of Benefit

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-PERA (7372) • FAX: 303-863-3727 • www.copera.org



- Complete this form if you are a benefit recipient and want to have your monthly benefit payment deposited to a checking or savings account. A benefit recipient includes PERA and DPS benefit structure retirees, survivors, or disability retirees.
- You must include both your Social Security Number (SSN) and the deceased retiree or member's SSN if you are receiving a Colorado PERA benefit as a cobeneficiary of a deceased retiree or survivor of a deceased member.
- Once you complete this form, you may send the form to Colorado PERA at the address above or you may fax the form to the fax number listed above. A correctly completed *Authorization For Direct Deposit of Benefit* received at Colorado PERA by the 15th of the month will be effective for that month.
- **If you receive more than one monthly benefit payment, it is important to specify in the check boxes below which account(s) to apply these changes.** If you have a different checking or savings account for each monthly benefit payment, you must complete a separate form for each.

Check all accounts that apply:

PERA Benefit Structure Account(s): My benefit My benefit as a cobeneficiary My benefit as a survivor
 DPS Benefit Structure Account(s): My benefit My benefit as a cobeneficiary My benefit as a survivor

Your SSN

			-			-			
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SSN of Deceased Member/Retiree

(if you are not the member)

			-			-			
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Your Name _____ Daytime Telephone () _____
Last First MI

Name of PERA Member/Retiree, if different _____
Last First

Address _____
Street, Route, or Box Number City State ZIP Code

I authorize my financial institution to provide Colorado PERA with any and all information needed to initiate or modify the direct deposit of my monthly benefit payment. Such information may include, but is not limited to, the name on the account, the account number, and the routing number. I understand that a photocopy of this authorization shall be as valid as the original and any information obtained by Colorado PERA will be used for the sole purpose of initiating or modifying the electronic transfer of my monthly benefit payments.

I understand that Colorado PERA will make deposits to a personal checking or savings account, but not to a trust, money market, managed fund, or brokerage account. I understand I may cancel this authorization at any time by notifying Colorado PERA in writing, and that such change will become effective after Colorado PERA receives the notification and has a reasonable opportunity to act on it. Any future changes must be received at Colorado PERA by the 15th of the month to be effective for that month.

Signature _____ **Date** _____

(Extend transparent tape to edges of check. Do not staple or glue.)

To have funds deposited to your personal CHECKING account:
 Please tape a voided preprinted check here. Write "VOID" in large letters across check.
DO NOT USE A DEPOSIT SLIP.

To have funds deposited to your personal SAVINGS account:
 Please complete the following information.
 Your financial institution can provide the routing number to you.

_____	_____
Name of Financial Institution	
_____	_____
9-Digit Routing Number of Financial Institution	Your Savings Account Number
_____	() _____
Name Shown on Account	Telephone Number of Financial Institution

