

Louisiana Sheriffs' Pension & Relief Fund

1225 Nicholson Drive
Baton Rouge, LA 70802

(LSPRF)

Telephone (225) 219-0500
Fax (225) 219-0521

Authorization for Electronic Deposit

SECTION I - NAME OF PAYEE

I request and authorize the LSPRF to deposit my monthly benefit and if necessary, withdraw to adjust for errors to my account at the financial organization designated below. I authorize the financial organization to release to the LSPRF my current mailing address and the names, mailing addresses, if known, of any individuals authorized to sign on my account and/or who have power of attorney to withdraw funds from my account. If my death should occur prior to the due date of any deposit made by the LSPRF in compliance with this request, the financial organization mentioned below will refund such deposits to the LSPRF in accordance with Section IV of this authorization.

SECTION II - PENSION RECIPIENT

Last Name															First Name															Social Security Number					

Mailing address

City															State					Zip Code				
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Daytime Telephone ()

SECTION III - FINANCIAL ORGANIZATION INFORMATION

Name of Organization:															Telephone ()				
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Street Address															City					State				
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ACH ROUTING NUMBER

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ACCOUNT NUMBER

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If this is a joint account, name of joint signer:

Checking
(Attach Voided Check)

Savings

Joint Signer's Social Security Number

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Joint Signer's Daytime Telephone

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Joint signer accepts full responsibility to notify the LSPRF of the death of the pension recipient named above, and for returning any funds to the LSPRF which were deposited by the LSPRF into the account after the death of the pension recipient.

Joint Signer's Signature

Pension Recipient's Signature

SECTION IV - FINANCIAL ORGANIZATION AGREEMENT

In consideration of the LSPRF making payments in accordance with the foregoing request without requiring the personal endorsement of the payee, we hereby agree to repay and refund to LSPRF on demand, subject to disposition required by law, the amount of any funds on deposit at the time of demand that are due LSPRF. We further agree to accept the certification of LSPRF as to the date of death of such payee as sufficient evidence of date of death.

Dated this _____ day of _____, _____

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Signature & Title of Financial Officer

Telephone Number