

83331105

Service Credit Purchase Automatic Payment Authorization

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-PERA (7372)



Use this form to request PERA to automatically withdraw your service credit purchase payments from your checking or savings account. Type or print in black ink, sign, and mail to PERA. To begin timely automatic payment deductions, this form must be received at PERA by the 25th day of the month in which your agreement is due.

Check one: Request new automatic payment Change existing automatic payment

SSN

SSN boxes: [][][] - [][] - [][][][]

Service Credit Purchase Agreement Number (required) boxes: [][][][][][]

PERA Authorization Change (new account only)

Required Minimum Payment boxes: [][][][][][]

Required Minimum Payment

Last Name

First Name

M.I.

Daytime Telephone

Address

City

State

ZIP Code

I authorize PERA to deduct my payments for purchasing PERA service credit from my account below.

I authorize my financial institution to provide PERA with any and all information needed to initiate or modify the electronic deduction of payments. 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 PERA will be used for the sole purpose of initiating or modifying the electronic deduction of my payments to purchase service credit. I also authorize my financial institution to debit such account each month until I terminate this agreement.

I understand these payments will be withdrawn from my account automatically on the 5th day of every month (or on the next banking day if the 5th is a non-banking day). If this form is received at PERA by the 25th of the month in which my agreement is due, my first deduction will take place in a timely manner on the 5th of the following month.

I understand by signing this form, if any deduction is rejected due to insufficient funds, I authorize PERA to submit a deduction on the 5th (or on the next banking day if the 5th is a non-banking day) of the following month that is equal to the regular monthly payment plus any amount that has become delinquent.

I understand that the amount to be deducted will be the monthly payment amount as specified in my Service Credit Purchase Agreement, and that I may elect to have an additional amount deducted each month for early payoff by attaching written notice to this form.

I understand that this authorization will remain in effect until PERA receives a new Service Credit Purchase Automatic Payment Authorization from me or until the Service Credit Purchase Agreement is paid off, and that revocation of this agreement can only be accomplished by notifying PERA in writing.

I understand that my Service Credit Purchase Agreement shall be canceled and payments made shall be returned to me if more than three monthly installment payments become delinquent by rejection due to insufficient funds or for any other reason.

Account Type (check one): Deduct from my checking account Deduct from my savings account

Signature

Date

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

To have funds deducted from 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 deducted from 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

Name Shown on Account

Your Savings Account Number

Telephone Number of Financial Institution