



LOUISIANA CLERKS OF COURT RETIREMENT AND RELIEF FUND

11745 Bricksome Avenue • Suite B-1 • Baton Rouge, Louisiana 70816
TELEPHONE (225) 293-1162 • (800) 256-6660 • FACSIMILE (225) 291-7859

DIRECT DEPOSIT FORM

I (we) hereby authorize the Louisiana Clerks' Retirement and Relief Fund to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my **(Select one)** **Checking Account** **Saving Account**, indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until the Louisiana Clerks' Retirement and Relief Fund has received **written notification** from me of its termination in such time and in such manner as to afford the Louisiana Clerks' Retirement and Relief and Depository a reasonable opportunity to act on it.

Signature of Member: _____

Member's Name: _____ Date: _____
(Please Print Name)

Member's Social Security Number: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name as it appears on the bank account: _____

Depository Name (Bank, Credit Union, etc.): _____

Account Number: _____

Branch Name: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

PLEASE ATTACH A VOID CHECK WITH THIS APPLICATION

The check must have a 9 digit routing number on it. (bottom left corner)

For Office Use Only

Transit/ABA #: _____ Account #: _____