

## DIRECT DEPOSIT APPLICATION

Complete this form to enroll in direct deposit or to change the account or financial institution in which your payment is being deposited.

- Your name must be on the account
- Attach a voided check or bank verification letter for security purposes (required)
- Forms received by the 15th day of the month will be effective with your next benefit payment

OP&F will mail a statement each time your net payment amount changes. An annual statement will also be mailed. Statements may be viewed online at [www.op-f.org](http://www.op-f.org), using the Member Self-Serve Web link.

### Section A: Member or Payee information

Name: First, MI, Last, suffix (Jr. III, etc.)		Is payee also OP&F member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Member or Payee's Social Security number
Street Address / Post office box			<input type="text"/>
City, State, ZIP code			Member Social Security number (if not same as above)
			<input type="text"/>
Home phone	Alternate phone	Email address	

### Section B: Direct Deposit information

Use this section to either initially set up direct deposit of benefits, or to change the financial institution where the benefits will be directly deposited. Please indicate which benefit payment(s) you wish to have sent to the financial institution listed below:

- Service, Disability, Survivor benefits  
  DROP distributions  
  Re-employed retiree benefits  
  Alternate payee/Division of Property Order

Name of financial institution	<input type="checkbox"/> Checking account <input type="checkbox"/> Savings account	Telephone
Street address	City, State, ZIP code	

**In the spaces below, provide the requested information for the financial institution where you want your funds deposited:**

Routing number of financial institution	Your account number
<input type="text"/>	<input type="text"/>

**If you are CHANGING your direct deposit currently on file with OP&F you must provide the direct deposit information currently in effect before a change will be made:**

Your current financial institution on file with OP&F	Your current account number on file with OP&F
<input type="text"/>	<input type="text"/>

### Section C: Signature and acknowledgement

I authorize and request OP&F to electronically transfer my monthly payments to my account at the financial institution listed in Section B. This authorization revokes all prior direction of payment notifications. This authorization will remain in effect with OP&F until cancelled by notice from me, my death, or my payments are terminated pursuant to Ohio law. I understand that Direct Deposit is mandatory under Ohio Administrative Code 742-3-29 to OP&F payees and that OP&F assumes no liabilities including consequential or special damages.

Member or Payee's signature:	Date of signature:
<input type="text"/>	<input type="text"/>