HMEPS
HOUSTON MUNICIPAL EMPLOYEES PENSION SYSTEM
1201 Louisiana, Suite 900, Houston, TX 77002
(713) 595-0100

Electronic Funds Transfer Direct Deposit Enrollment Authorization

Section 1. PAYEE INFORMATION

NAME OF PAYEE (Last, First, MI) _____

SOCIAL SECURITY NUMBER _____

ADDRESS (Street, P.O. Box) _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER w/Area Code _____

PERSONAL EMAIL ADDRESS _____

Section 2. FINANCIAL INSTITUTION INFORMATION

Type or print legibly. Verify the routing number and account number. Do not use the numbers from a deposit slip.

NAME OF FINANCIAL INSTITUTION _____

ADDRESS OF FINANCIAL INSTITUTION _____ CITY, STATE, ZIP _____

____ ____ ____ ____ ____ ____ ____ ____ ____ BANK ROUTING NUMBER (Verify with your bank)	TYPE OF ACCOUNT O CHECKING O SAVINGS _____ ACCOUNT NUMBER (verify with your bank)

Section 3. DIRECT DEPOSIT AUTHORIZATION

I hereby request and authorize benefits payable to me from the Houston Municipal Employees Pension System (HMEPS) to be electronically deposited with the financial institution named above. I have read and I understand the conditions on the second page of this form, and I have verified the routing number and account number with my financial institution. I understand that if I have more than one type of monthly benefit paid to me by HMEPS, this authorization will apply to each monthly benefit unless I clearly write at the top of this form the monthly benefit to which this authorization applies.

PAYEE SIGNATURE	DATE

State of Texas §
County of Harris §
(For different jurisdictions, the notary public should amend the state/county information)

ACKNOWLEDGEMENT: Before me on this day personally appeared _____, who proved to me to be the person who signed the foregoing form for the purposes therein expressed.

Given under my hand and seal of office this _____ day of _____, 20___.

(SEAL)

Notary Public's Signature:_____

DIRECT DEPOSIT AUTHORIZATION

I understand that if I do qualify for the establishment of an account for the purpose of direct deposit of benefit payments from HMEPS, I must complete the "Payee Information" section and "Financial Institution Information" section (Sections 1 & 2) on the reverse side of this form. I further understand that my request for direct deposit authorizes the following action:

- HMEPS is authorized to initiate direct deposit of my HMEPS benefit through direct deposit in the account and financial institution indicated on the front of this form.

- HMEPS shall deduct from the designated account any amount deposited in error. Should the designated account be closed or contain insufficient funds to allow a deduction for amounts deposited in error, HMEPS may withhold any payments due me by HMEPS until such amount deposited in error is repaid.

- The financial institution, on my behalf, my joint account holder if any, and my estate, shall charge my account for amounts paid by HMEPS to which I was not entitled, and return such amounts to HMEPS.

- This authorization shall not terminate upon my disability or death.

- This authorization is to remain in effect until withdrawn by me in writing and received by HMEPS at least 30 days prior to the next payment date.

Changing Financial Institutions and/or Accounts: I understand that to make any change to the account number or to change financial institutions requires that a new authorization be completed. The new enrollment authorization, when processed, will cancel the enrollment at the previous financial institution or my prior account. I am aware that changing financial institutions and/or accounts could take up to 60 days to be effective, and that HMEPS recommends that I not close the old account until the first deposit is made to my new account or financial institution.

Benefit Recipient and Joint Account Holder Authorization for Recovery of Funds Deposited in Error: I understand that by signing this authorization, I, both for myself and my estate, and each joint account holder, if any, consent to allow HMEPS, through the designated financial institution, to debit my account in order to recover any HMEPS payments to which I was not entitled. This means of recovery shall not prevent HMEPS from utilizing any other lawful means to retrieve HMEPS payments to which I was not entitled. In the event of my death, the financial institution listed on the reverse side of this form will refund such payments not due the account.

Cancellation of Electronic Funds Transfer: I understand that to cancel this authorization, written notice from me must be received by HMEPS at least 30 days prior to the next payment date. I am aware that HMEPS reserves the right to discontinue or cancel this authorization at any time, and that written notice of the termination will be provided to me.

I further agree to keep HMEPS informed of my current physical (residence) address and understand that failure to do so may result in delay or cancellation of further payments due to me.

The completed authorization should be returned to the following address (DO NOT FAX THE FORM):

Houston Municipal Employees Pension System
ATTN: Electronic Funds Transfer Processing
1201 Louisiana, Suite 900
Houston, TX 77002

Questions or problems should be directed to the address above or you may call HMEPS at (713) 595-0100.