

Steps to Follow:

1. Complete authorization and agreement form.
2. Have your financial institution complete their part.
3. Return completed form to:

Treasurer of State
 200 W. Washington St. Ste. 242
 Indianapolis, IN 46204-2792

4. Save pension data statement & deposit acknowledgement.
5. Allow 1-2 months to begin using direct deposit.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I hereby authorize the Trustee of the Indiana State Police Pension Fund to initiate deposits (credit entries) to my checking or savings account in the bank named below and to authorize the bank to accept and credit the amount of the deposit to my account.

This will be in full payment, satisfaction, and discharge of the amounts due me for such retirement payments. If any payments are made, the due dates of which are subsequent to my death, I hereby authorize and direct said bank on behalf of my Executors or Administrators to refund said payments to the Trustee of the Indiana State Police Pension Fund, and to charge the same to my account.

In consideration of the recognition by said bank of the authority hereby conferred upon it, I hereby agree for myself and Executors or Administrators to indemnify and save harmless said bank from any loss or damage said bank may sustain as a result of refunding to the Trustee of the Indiana State Police Pension Fund, as provided herein, and payments credited to my account, the due dates of which are subsequent to my death.

I reserve the right to revoke or cancel this order. Such action shall take effect upon written authorization from me received at Treasurer of State at the address stated above.

**AUDITOR OF STATE – INDIANA
 AUTHORIZATION FOR DIRECT DEPOSIT**

Approved by State Board of Accounts, 1991
 State Form 43591 (R/12-91)

Treasurer of State
 LV1 PG LV2 PP

(Circle One) Add or Change

Last Name	First Name	Middle Initial	Social Security No. (9 digits)
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Street Address	City	State	Zip Code
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THIS SECTION IS TO BE FILLED OUT BY AN OFFICER OF THE FINANCIAL INSTITUTION IN WHICH THE ACCOUNT IS LOCATED.
 NOTE: The Financial Institution must be a member of the Automated Clearing House System and must be able to handle direct deposits by electronic transfer.

ABA Transit-Routing Number (9 digits) _____

Retiree/Widow/Beneficiary's Depository Account Number _____ **Type of Account** [X] **Mark one** [] Checking [] Savings

Financial Institution Name	Financial Institution's City, State, Zip
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Today's Date	Officer's Signature	Officer's Title
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THIS SECTION IS TO BE READ AND SIGNED BY THE RETIREE/WIDOW/BENEFICIARY
 I hereby authorize the Auditor of State to deduct from my pension an amount equal to my net pension to be electronically transferred to my account described above. I have read the conditions printed above and I agree to them.

Date Signed	Beneficiary Signature
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Please check this box if you receive your payroll via direct deposit at a U.S. bank and then have the entire payroll amount automatically forwarded to a bank in another country.