

P. O. Box 1471, Baton Rouge, LA 70821

Rev. 11/23

Telephone: (225) 389-3272; Fax: (225) 389-5548

Email: retirementoffice@brla.gov

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE NAME:	SSN:		
ACTION TYPE (check one):	NEW CHANGE TERMINATE THIS OP	ΓΙΟΝ	
FINANCIAL INSTITUTION NAME:			
ROUTING NUMBER:			
ACCOUNT NAME (example John or Jane I	Ooe, Joe Doe):		
ACCOUNT NUMBER:			
ACCOUNT TYPE (check one):	_CHECKING	SAVINGS	
Attach a check marked "void" for checking account number for savings account.	•	savings statement showing	complete
I, hereby Rouge Employees' Retirement System to initiate above, and to initiate, if possible, debit entries or	authorize and request the ceredit entries to my account adjustments for any credit	City of Baton Rouge & Parish t number listed above at the de error.	n of East Baton positories name
If funds paid to me in error cannot be recouped the next check due me to correct the overpayment		by agree and authorize my em	ployer to adjust
It is my responsibility to notify the Retirement S above conditions are met, this authorization ren of this option is received from me and the City System has had reasonable opportunity to act on	nains in full effect until wri of Baton Rouge & Parish	tten signed notification indicat	ting termination
Email Address	Ph	one Number	
Signature	 Da	nte	

Received by: