

# Louisiana Sheriffs' Pension & Relief Fund

1225 Nicholson Drive  
Baton Rouge, LA 70802

(LSPRF)

Telephone (225) 219-0500  
Fax (225) 219-0521

## Authorization for Electronic Deposit

### SECTION I - NAME OF PAYEE

I request and authorize the LSPRF to deposit my monthly benefit and if necessary, withdraw to adjust for errors to my account at the financial organization designated below. I authorize the financial organization to release to the LSPRF my current mailing address and the names, mailing addresses, if known, of any individuals authorized to sign on my account and/or who have power of attorney to withdraw funds from my account. If my death should occur prior to the due date of any deposit made by the LSPRF in compliance with this request, the financial organization mentioned below will refund such deposits to the LSPRF in accordance with Section IV of this authorization.

### SECTION II - PENSION RECIPIENT

Last Name	First Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone (     ) \_\_\_\_\_

### SECTION III - FINANCIAL ORGANIZATION INFORMATION

Name of Organization: \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**ACH ROUTING NUMBER**

**ACCOUNT NUMBER**

If this is a joint account, name of joint signer:

Checking  
(Attach Voided Check)       Savings

Joint Signer's Social Security Number

Joint Signer's Daytime Telephone

(     ) \_\_\_\_\_

Joint signer accepts full responsibility to notify the LSPRF of the death of the pension recipient named above, and for returning any funds to the LSPRF which were deposited by the LSPRF into the account after the death of the pension recipient.

\_\_\_\_\_  
Joint Signer's Signature

\_\_\_\_\_  
Pension Recipient's Signature

### SECTION IV - FINANCIAL ORGANIZATION AGREEMENT

In consideration of the LSPRF making payments in accordance with the foregoing request without requiring the personal endorsement of the payee, we hereby agree to repay and refund to LSPRF on demand, subject to disposition required by law, the amount of any funds on deposit at the time of demand that are due LSPRF. We further agree to accept the certification of LSPRF as to the date of death of such payee as sufficient evidence of date of death.

Dated this \_\_\_\_\_ day of \_\_\_\_\_,

(     ) \_\_\_\_\_

\_\_\_\_\_  
Signature & Title of Financial Officer

\_\_\_\_\_  
Telephone Number