



# LOUISIANA CLERKS OF COURT RETIREMENT AND RELIEF FUND

10202 Jefferson Highway • Building A • Baton Rouge, Louisiana 70809  
TELEPHONE (225) 293-1162 • (800) 256-6660 • FACSIMILE (225) 291-7859

## DIRECT DEPOSIT FORM

I (we) hereby authorize the Louisiana Clerks' Retirement and Relief Fund to deposit all payments due to me in my (*Select one*)  **Checking Account**  **Saving Account**. I further authorize Louisiana Clerks' Retirement and Relief Fund the authority to make debits or take other corrective actions, if necessary, in relation to any deposit made by Louisiana Clerks' Retirement and Relief Fund into the account listed below.

This authority is to remain in effect until the Louisiana Clerks' Retirement and Relief Fund has received **written notification** from me of its termination in such time and manner as to afford the Louisiana Clerks' Retirement and Relief Fund and the Depository a reasonable opportunity to act on it.

Signature of Member: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Name)

Member's Social Security Number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name as it appears on the bank account: \_\_\_\_\_

**Depository Name (Bank, Credit Union, etc.):** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

### **PLEASE ATTACH A VOID CHECK WITH THIS FORM**

The check must have a 9 digit routing number on it. (bottom left corner)

#### **For Office Use Only**

Transit/ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_