



STATE OF NEW MEXICO  
**EDUCATIONAL RETIREMENT BOARD**  
PO BOX 26129  
SANTA FE, NM 87502-0129  
PHONE: (505) 827-8030 FAX: (505) 827-1855

## **“DIRECT DEPOSIT AUTHORIZATION”**

PLEASE COMPLETE THE ATTACHED DIRECT DEPOSIT AUTHORIZATION FORM AS SOON AS POSSIBLE TO BEGIN AUTOMATIC DEPOSITS OF YOUR MONTHLY BENEFIT TO YOUR BANKING INSTITUTION

- **YOUR FIRST PAYMENT WILL BE SENT BY CHECK TO YOUR HOME ADDRESS. THE FOLLOWING MONTH YOUR BENEFIT WILL BE DIRECT DEPOSITED INTO YOUR BANK ACCOUNT.**
- TOP PORTION OF THIS FORM MUST BE COMPLETED BY THE MEMBER.
- THE BOTTOM SECTION OF THIS FORM MUST BE FILLED OUT BY YOUR FINANCIAL INSTITUTION.

To insure your benefit deposited to the correct account we must complete a pre-note validation. Following this verification you can expect your benefit to be direct deposited thereafter on the last working day of each month.

If you should have any questions on the direct deposit authorization, please do not hesitate to contact us.

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT SERVICES**

TO: New Mexico Educational Retirement Board  
P.O. Box 26129  
Santa Fe, New Mexico 87502-0129

I.D. #85-6000589-W

**Check one:**  NEW  CHANGE

**Name:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_

**Members Address:** \_\_\_\_\_

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

You are hereby directed to electronically transfer my monthly allowance benefit checks to the:

\_\_\_\_\_  
**Name of Bank and/or Financial Institution** **Account Number**

\_\_\_\_\_  
**Bank Address (P O. Box No.)** **City** **State** **Zip Code**

**Type of Account:**  Checking or  Savings (include voided deposit slip for either account)

I authorize ERB to make credits and debit entries to my account at the above named financial institution. I agree to notify ERB immediately upon discovery of any errors resulting from transactions under this authorization and of any changes that may affect these instructions. I agree to hold ERB and the State of New Mexico harmless from any and all loss, cost, damages or expenses suffered as a result of errors in credit or debit entries caused by persons not employed at ERB. I direct the above named institutions to refund ERB any deposits made to my account after my death in accordance with the agreement set forth below.

\_\_\_\_\_  
**Signature of Depositor** **Date**

**AGREEMENT OF DEPOSITORY BANK AND/OR FINANCIAL INSTITUTION**

In accordance with the above authorization of the depositor, we hereby agree to deposit to depositor's account benefit payments made to depositor by the New Mexico Educational Retirement Board in the absence of depositor's endorsement. We further agree to repay and refund to the Educational Retirement Board on demand, the total amount of any such payments received and deposited to the account of the depositor, the due date of which shall occur subsequent to the death of the depositor, and agree to accept the certification of the Educational Retirement Board as sufficient evidence of the date of death of the depositor.

**IMPORTANT:** \_\_\_\_\_  
**Bank/Transit Routing Number** **Name of Bank and/or Financial Institution**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Authorized Signature** **Date**