



# BENEFIT DISTRIBUTION CHANGE AUTHORIZATION

DENVER EMPLOYEES RETIREMENT PLAN  
777 Pearl Street  
Denver, Colorado 80203-3717  
Phone:(303) 839-5419 Fax:(303)839-9525  
e-mail: mbrsvs@derp.org

Name: \_\_\_\_\_ File Number: \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

Home address: \_\_\_\_\_  
(Street, Avenue, Road, P.O.Box, etc.)  
\_\_\_\_\_  
(City, State, ZIP)

Telephone Number: Home: \_\_\_\_\_ Social Security Number (last four digits): \_\_\_\_\_  
(Area Code, Number)

I authorize the Plan to automatically deposit any benefit to my account as indicated below:  
**(attach voided check or letter from the banking institution indicating correct routing and account numbers)**

<b>FINANCIAL INSTITUTION</b>	<b>CHECK ONE</b>
<b>TRANSIT ROUTING NUMBER AND ACCOUNT NUMBER</b> (LOWER LEFT CORNER OF CHECK )	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ )  
City and \_\_\_\_\_ ) ss.  
County of \_\_\_\_\_ )

The foregoing instrument was signed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**If this form is received by the fifteenth of the month. direct deposit will take effect at the end of the following month. It takes 2 pay cycles (2 months) to begin receiving payments via direct deposit. The first check will be mailed to your residence.**