



DO NOT FAX FORM  
PRINT ALL INFORMATION  
www.lasersonline.org

P.O. Box 44213, Baton Rouge, LA 70804-4213  
255.922.0600 · Toll-Free 1.800.256.3000

### Agency Authorization for Direct Withdrawal

#### SECTION 1: MEMBER'S INFORMATION (Complete All Items A Through H Below)

Louisiana State Employees' Retirement System (LASERS) is hereby authorized to automatically withdrawal payments from the designated account and if necessary, to initiate credit entries and adjustments for any debit entries in error to the financial institution named below. This authorization is to remain in full force and effect, until LASERS has received written confirmation of its termination. **A minimum notification of 15 business days is required to cancel or change the direct withdrawal account.**

Check One  New Request  Change  Cancel

A. Name of Agency	B. LASERS-Agency Number	C. Tax ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Mailing Address	E. City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
F. Agency Area Code- Telephone Number	G. E-mail Address	
<input type="text"/>	<input type="text"/>	
H. Signature of Legal Authorized Representative of Agency	Date	
<input type="text"/>	<input type="text"/>	

#### SECTION 2: FINANCIAL INSTITUTION INFORMATION (Complete All Items A Through D Below)

A. Name of Financial Institution	<input type="text"/>		
B. Mailing Address(number, street or post office box)	C. City	State	Zip Agency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Type/Number of account to be debited. Account Type (enter "C" if checking, "S" if savings):			
Type	Routing Number	Account Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

#### SECTION 3: RETIREMENT SYSTEM USE ONLY

Verified by Fiscal	Date (MM/DD/YYYY)	Agency Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

INSTRUCTIONS ON REVERSE SIDE

## **INSTRUCTIONS**

**Type or print all information requested, with the exception of the legal signature.**

This form authorizes the Louisiana State Employees' Retirement System (LASERS) to deduct payments via direct withdrawals from your account. If you wish for your payment to be deducted from your financial institution, you must complete this form to authorize the action. By signing you agree to the terms herein. The financial institution may be any bank, savings and loan association, or similar institution, or federal or state chartered credit union. If you do not have an account in one of these institutions and wish to open one, contact the financial institution of your choice.

### **Section 1- Payer Information** **(Complete Items A-H)**

**Item A-** Name of agency and LASERS Agency Number to whom payment is debited. This is the agency who is authorizing withdrawal.

**Item B -** LASERS agency number

**Item C-** Agency Federal Tax ID Number

**Item D-E-** Mailing address of the agency named in Item A. Provide complete address including an apartment number, or P.O. Box (where appropriate), and the Zip Code. **This address must be kept current with LASERS. Please notify LASERS immediately when the address changes.**

**Item F-G-** Area code and daytime telephone number of the agency named in Item A or the telephone number of the person who may represent the agency. Please list your e-mail address, if applicable.

**Item H-** Sign and date the form. The signature must be that of a person authorized to sign for the account.

### **Section 2- Financial Institution Information** **(Complete Items A- D)**

**Item A-C -** Complete the name and address of the financial institution to which the payment will be withdrawn (bank, savings and loan association, credit union, etc.).

**Item D-** Identify the type of account and the account number in which this payment is to be debited. The account may be either a checking ("C") or savings ("S") account. Indicate the financial institution's routing number.

### **Agency Cancellation Instructions**

This authorization remains in effect **until canceled by written notice** from the agency. You may change the designation of your financial institution by completing and submitting a new authorization form.

**Mail to:**  
**Louisiana State Employees' Retirement System**  
**LASERS**  
**ATTN: Agency Contribution Reporting**  
**P.O. Box 44213**  
**Baton Rouge, LA 70804-4213**

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RETAIN COPY FOR YOUR RECORDS

Page 2 of 2