

## DIRECT WITHDRAWAL AUTHORIZATION

Member: \_\_\_\_\_ DERP ID: \_\_\_\_\_  
*First Name, Middle Initial, Last Name*

Mailing Address: \_\_\_\_\_  
*Street, Route, or Box Number, and Apt Number* *City, State, ZIP Code*

Primary Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*Last 4 digits*

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

### DIRECT WITHDRAWAL BANK INFORMATION

Complete the following information:

Name of Financial Institution: \_\_\_\_\_

Account Type:  Checking  Savings

Routing Number:

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

I authorize the Denver Employees Retirement Plan (DERP) and my financial institution as listed, to automatically debit a monthly payment from the account described below. I further authorize DERP, if necessary, to make adjustments to the account indicated in order to correct any debits made in error. I understand that DERP will make a reasonable effort to notify me when an adjustment is made. This authority will remain in effect until I notify DERP, in writing, to cancel. I understand that if I do not cancel in writing by the 15<sup>th</sup> of the month, there may be a delay in processing my request.

Member signature: \_\_\_\_\_ Date signed: \_\_\_\_\_