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AUTHORIZATION AGREEMENT FOR PREAUTHORIZED ACH DEBITS DB PLAN

Employer Name: _____

Identifier: _____
Employer Location Code

I, _____, on behalf of the _____
Responsible Person Employer Name

hereby authorize the Maine Public Employees Retirement System to initiate Debit Entries to our Checking Account, at the financial institution specified, and to debit the same to such account. I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. law and applicable clearinghouse rules to cover the operating rules of the Fed, NEACH, and NACHA.

Financial Institution Name: _____

Financial Institution Address: _____

City: _____ State: _____ ZIP: _____

Routing (ABA) Number: _____ Account Number: _____

This authorization is to remain in full force and effect until the Maine Public Employees Retirement System or _____ has been notified in writing of its termination in such time and manner as to afford all parties a reasonable opportunity to act on it.

Date: _____

Authorized Signature: _____