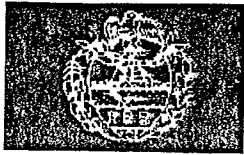


PenPay



Luzerne County Employee's Retirement System

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

1 PARTICIPANT INFORMATION

Name: _____

Social Security Number: _____ - _____ - _____

Home Address: _____
Street City State Zip

2 DIRECT DEPOSIT ELECTION

It is *your* responsibility to notify your financial institution that you have authorized direct deposit. We urge you to contact your financial institution to insure proper crediting of our direct transmissions. Select only one:

First Authorization Change to Prior Authorization

3 DIRECT DEPOSIT

I hereby authorize the direct deposit of my net pay in the account and financial institution indicated below. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing. Any such notification shall become effective following receipt, after a reasonable opportunity to act on it.

In the event that funds are deposited erroneously into my account, I authorize to debit my account for an amount not to exceed the original amount of the credit.

I request that my net pension payment be deposited in the account and financial institution indicated below:

Name: _____

Address: _____
Street City State Zip

Deposit to account number: _____

Account Type (*Select only one*):

Savings: ACH Number _____
ACH number must be provided. Contact your bank for this information.

Checking
Voided check must be attached to this form.

4 TERMINATE DIRECT DEPOSIT

I hereby authorize that direct deposit of my net pay to _____ be terminated. I understand that if I do not authorize direct deposit of my net pay to a financial institution, my net check will be mailed to me at my home address.

5 AUTHORIZATION

Sign and return this form to your plan administrator.

Signature

_____/_____/_____
Date

Administrator Signature

_____/_____/_____
Date