

**ARIZONA STATE RETIREMENT SYSTEM LONG TERM DISABILITY
EMPLOYEE DIRECT DEPOSIT AUTHORIZATION**



Notes to Employee:

- Complete all sections of this form.
- Please print.
- Submit using the Broadspire Portal or Email to asrs ltd@choosebroadspire.com

Name (as it appears on your bank account):	
Bank Name:	
Bank Account Number:	
Bank Routing/ABA Number:	

******You must attach a voided check or a completed ACH form from your bank.****
Broadspire will not process direct deposit requests without a voided check or ACH form.
(Please Note: This can take up to 30 days to take effect)**

I authorize Broadspire (the "Company") to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method to my account indicated above and to other accounts I may identify in the future (the "Account"). I authorize the bank holding my Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from me and has a reasonable opportunity to act on it.

You must sign and date this form. Unsigned forms will be returned to you and this may delay the processing of your claim.

Employee Signature

Date

___ Employee is unable to sign. (If Employee is unable to sign, please complete the section below.)

If you are signing these forms as the Power of Attorney Designee, Personal Representative, Guardian, or Conservator of the Employee, complete the section below and attach a copy of the legal document granting you authority to act on behalf of the Employee. (One copy of the legal document will suffice for each form in this packet.)

Power of Attorney Designee, Personal Representative, Guardian, or Conservator information:

Name:	Telephone:
Address:	Email:

Power of Attorney Designee, Personal Representative, Guardian

Date for Conservator Signature