DPSMF
REV 4/2024

STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY
MUNICIPAL SUPPLEMENTAL PAY
DIRECT DEPOSIT ENROLLMENT AUTHORIZATION

SOCIAL SECURITY NUMBER		MUNICIPALITY		
CHECK (√) ONE BELOW				
FIRE ☐	POLICE ☐	MARSHAL ☐	CONSTABLE ☐	JOP ☐
ACCOUNT INFORMATION				
ACTION TYPE (check one) ☐ NEW ☐ CHANGE		FINANCIAL INSTITUTION NAME ACCOUNT NAME (Example: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)		
FINANCIAL INSTITUTION ROUTING (ABA) NUMBER		ACCOUNT NUMBER		
ACCOUNT TYPE (check one) ☐ CHECKING ☐ SAVINGS (obtain account # & ABA # from the financial institution⇒)		Account verification or completion of enrollment form by financial institution will assure the accuracy of account data: Signature from institution: Phone number:		
COMPLETE ALL BLOCKS – TYPE OR PRINT LEGIBLY TO INSURE ACCURACY				

(Print full name)

I,_____, authorize and request the Department of Public Safety to direct my State Supplemental Pay Check to the account at the financial institution I have designated above.

For any funds paid to me which are not due and owing to me, I hereby agree and authorize the Department of Public Safety to adjust the amount next due to me to correct the overpayment, or to recover amount overpaid by reducing my future checks so that the overpayment will be repaid or recouped within a reasonable number of months [not to exceed 12 months].

It is my responsibility to notify the Department of Public Safety should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a new signed form is received from me and the Department of Public Safety has had reasonable opportunity to act on the changes.

_____	_____	_____
Signature	Date	Daytime phone number

PRINT LEGIBLY OR TYPE ALL INFORMATION TO ENSURE ACCURACY
EMAIL SCANNED COMPLETED DOCUMENT COPY TO MUNPAY@LA.GOV