DPSMF
REV 10/2023

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

DEPARTMENT/TOWN			
CHECK (✓) ONE BELOW			
POLICE ☐	**MARSHAL** ☐	**CONSTABLE** ☐	**JUSTICE** ☐
ACCOUNT INFORMATION			
ACTION TYPE (✓ one) ☐ **NEW** ☐ **CHANGE**		**FINANCIAL INSTITUTION NAME** **ACCOUNT NAME**	
FINANCIAL INSTITUTION ROUTING (ABA) NUMBER		**ACCOUNT NUMBER**	
*Account verification or completion of enrollment form by financial institution will assure the accuracy of account data: Signature from institution: Phone number: Phone number:			
COMPLETE ALL BLOCKS – TYPE OR PRINT LEGIBLY TO INSURE ACCURACY			

_____(municipality name) authorizes and requests the Department of Public Safety to direct the Municipal State Supplemental Pay deposit to the account at the financial institution indicated above.

The municipality will be in charge of distributing funds to employees who are eligible for supplemental pay. If the Department of Public Safety overpaid an employee because his or her employment status has changed, the municipality must reimburse the Department of Public Safety for the overpayment.

It is the Municipality's 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 written and signed request from _____ (municipality name) is received by the Department of Public Safety to change financial information for municipal supplemental pay funds transfer.

Signature of HR Director or his/her designee	Date	Daytime phone number

PRINT LEGIBLY OR TYPE ALL INFORMATION TO ENSURE ACCURACY

ATTACH A COPY OF A VOIDED CHECK (NOT DEPOSIT TICKET)

EMAIL SCANNED COMPLETED DOCUMENT AND CHECK COPY TO MUNPAY@LA.GOV