



LASERS PARTIAL DIRECT DEPOSIT FORM
Louisiana State Employees' Retirement System

Name: _____
 Social Security Number: _____ - _____ - _____
 Start Date: _____ Retirement Date: _____

I hereby authorize the State of Louisiana Retirement System to make monthly deductions from my Retirement Benefits in the amount of \$_____ until further notice and remit same to Eagle Louisiana Federal Credit Union.

 Signature Date

THIS FORM SUPERSEDES AND REPLACES ALL OTHER AUTHORITY FOR THIS DEDUCTION.

ACCOUNT NAME	ACCOUNT NUMBER	MONTHLY DEDUCTION
DEPOSIT ACCOUNTS		
Share Savings	1	
Checking		
Christmas Club		
Individual Retirement Acct.		
Other		
Other		
LOAN ACCOUNTS		
Personal Loan		
VISA®		
Automobile Loan		
Automobile Loan		
Christmas Loan		
Mortgage Loan		
Other		
Other		
TOTAL MONTHLY DEDUCTION	THIS FIGURE MUST MATCH THE DEDUCTION AMT LISTED AT THE TOP OF THIS FORM	\$