



### Direct Deposit Authorization

Use this form to authorize direct deposit of your retirement benefit to your financial institution. Please mail the completed form and attachments to SCERS, 720 3<sup>rd</sup> Avenue, Suite 900, Seattle, WA 98104 or send via secure message on your Member Self-Service account. If you prefer to drop off the form in person, you can drop off your documents at our office at 720 3<sup>rd</sup> Avenue, Suite 900, Seattle, WA 98104. **To protect your personal information, please do not email this form to SCERS.**

#### Member, Beneficiary, or Alternate Payee Information

Name (first, middle initial, last) \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

- Select one:  Retiree  
 Beneficiary of \_\_\_\_\_ (member name)  
 Alternate Payee of \_\_\_\_\_ (member name)

I have attached a voided check, savings deposit slip, or letter of account ownership from my financial institution, with the routing number and account number. I authorize Seattle City Employees' Retirement System to deposit the net benefit directly into my account at the financial institution I have selected.

Select type of account for your direct deposit, **AND** type of account documentation provided:

- Checking:  Voided check attached, OR  Letter of account ownership attached OR  
 Savings:  Voided savings deposit slip attached, OR  Letter of account ownership attached

#### Notarized Signature and Date Required

If Seattle City Employees' Retirement System makes an excess deposit, or is required to withhold funds for garnishments, it may make a debit directly from my account. I will be notified as soon as practical.

The deposits will be automatic and will continue monthly until I provide an order in writing to change my direct deposit information and Seattle City Employees' Retirement System can put my changes into effect. To prevent any delay in deposits, I will immediately notify the retirement office of any change of banks or new account numbers by filing a new Direct Deposit Authorization form.

Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of member).

SEAL  
OR  
STAMP

Signature of Notary \_\_\_\_\_ Title \_\_\_\_\_ Commission Expiration \_\_\_\_\_