



For office use only. Retirement number:

Authorization for Direct Deposit of Retirement Benefits

Use this form to authorize direct deposit of your retirement benefit to your financial institution. Please help us to serve you by printing legibly. Note: The first monthly benefit payment after this change will be mailed to the address on record with the Seattle City Employees' Retirement System. The second benefit payment will be directly deposited to your account.

I, _____, am a retired employee of the City of Seattle or a beneficiary of a retiree. I would like to participate in the Seattle City Employees' Retirement System's automatic direct deposit program. I have attached a voided check or savings deposit slip to identify my financial institution and my account number.

I authorize Seattle City Employees' Retirement System to deposit the net benefit directly into my account at the financial institution shown on the deposit slip.

Select type of account to which you wish to deposit:

- Checking, Voided check attached

OR

- Savings, Voided savings deposit slip attached

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 understand if a debit is made, I will be notified as soon as practical.

The deposits will be automatic and will continue monthly until I provide an order in writing for the direct deposits to stop and Seattle City Employees' Retirement System can put my stop order into effect. To prevent any delay in deposits, I will immediately notify the retirement office in writing of any change of banks or new account numbers.

Signature: _____

Print your name: _____

Last four digits of your Social Security number: _____

Telephone number or e-mail address where we can contact you about your request: _____
