



### 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 may place it in the City of Seattle Payment drop box at Seattle Municipal Tower located in front of the Customer Service Center. Please place your document(s) in a sealed envelope with "Attention Retirement" written on it. **To protect your personal information, please do not email this form to SCERS.**

#### Member, Beneficiary or Alternate Payee information

Name (first, middle initial, last)		Today's Date	SCERSID (for office use only)
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 individual).		SEAL OR STAMP	
Signature of Notary	Title	Commission Expiration	