



AUTHORIZATION FOR DIRECT DEPOSIT

PO Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov
 Toll Free: 800.547.6657 ♦ Olympia Area: 360.664.7000 ♦ TTY: 360.586.5450

IMPORTANT – Before completing this form, please read the instructions on the back. Due to federal restrictions, we cannot transfer funds electronically if the funds will be immediately credited to an account outside of the United States.

Check the retirement system(s) from which you receive benefits. If you are receiving more than one retirement benefit, and want each benefit deposited in a different account, please complete a separate form for each benefit.

| | | | |
|---|---------------------------------------|---|-----------------------------------|
| Check all that apply: | | | |
| <input type="checkbox"/> Public Employees' | <input type="checkbox"/> State Patrol | <input type="checkbox"/> Law Enforcement Officers' & Fire Fighters' | <input type="checkbox"/> Judicial |
| <input type="checkbox"/> Public Safety Employees' | <input type="checkbox"/> Teachers' | <input type="checkbox"/> School Employees' (non-teachers) | |

Section A Payee Information – to be completed by payee

| | | | | | |
|----------------------------------|------|-------|-----|--|--|
| Payee Name (Last, First, Middle) | | | | Payee Social Security Number XXX - XX - | |
| Payee Mailing Address | City | State | ZIP | Phone Number | |

I authorize and request:

- The Department of Retirement Systems (DRS) to transfer the full amount of my monthly benefit payment, after authorized deductions, to the designated financial institution for deposit.
- The designated financial institution to provide information to DRS regarding address changes and account information, to ensure proper and timely processing of deposit transactions.
- The designated financial institution to refund to DRS any overpayments to my account made subsequent to my death or payments made in error.

| | |
|--------------------|------|
| Signature of Payee | Date |
|--------------------|------|

If different than payee, please list the member's/retiree's name and Social Security number:

| | |
|---|--|
| Member/Retiree Name (Last, First, Middle) | Retiree Social Security Number XXX - XX - |
|---|--|

Section B Payee's Remittance Advice Statement

When the first payment has been deposited, you will receive a remittance statement at the address provided in Section A. For future statements, check only **one**:

- Send a statement when a change is made to my account and at the end of the year.
- Send a statement each time I receive a benefit payment.
- Send a statement at the end of the year.

Section C Financial Information – to be completed by Payee (see reverse for details)

| | | | | | | | |
|--|--|-------------------------------|-------|-----|--|--|--|
| Name of Financial Institution | | Transit/Routing Number | | | | | |
| Phone Number | Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Account Number to be Credited | | | | | |
| Financial Institution Direct Deposit Mailing Address | | City | State | ZIP | | | |



Instructions and General Information

IMPORTANT NOTICE

Use this form for all retirement benefit payments from DRS. Direct deposit allows DRS to forward your payments to the financial institution you authorize. The financial institution may be any bank, savings and loan association or similar institution, or federal or state chartered credit union. Members requesting direct deposit for Plan 3 defined contribution payments must contact ICMA Retirement Corporation at 888-711-8773.

PLEASE NOTE: While establishing or making changes to your direct deposit, your benefit may be mailed to your financial institution. Please verify with your financial institution the actual deposit date.

INSTRUCTIONS

Section A

1. Complete all personal information in the top section of the form.
2. Print your name where indicated and sign and date the statement. If the signature can only be made by mark, it must be witnessed by two

persons who sign the form. If witnesses are required, they should print the word "Witness" above their signatures to the right of the mark.

3. Print the name and Social Security number of the member/retiree, if different from yours.

Section B

If you have any questions, please contact DRS at 360-664-7000 in the Olympia area or toll-free at 800-547-6657.

Section C

Complete all financial information in the bottom section of the form. **Please check with your financial institution for their direct deposit mailing address.**

After completing Section C, forward the form to:

Department of Retirement Systems
P.O. Box 48380
Olympia, Washington 98504-8380

You may want to retain a copy for your personal records.

Steven M. Bolden
(360) 555-1234
9876 Maplewood Drive
Any City, State 98501

98-442/3251

1234

_____ 20 _____

Pay To
The Order Of _____ \$ _____

_____ DOLLARS Details on Back

Your Financial Institution
Your City, USA

For _____ MP

① 123456789 | ② 000054321987654 | ③ 1234

Transit/Routing
Number

Account
Number

Check
Number
(do not use)

The routing number must be nine digits. Ask your financial institution for the correct routing number to enter if:

- The routing number on a deposit slip is different from the routing number on your checks, or
- Your deposit is to a savings account that does not allow you to write checks.

CANCELLATION INSTRUCTIONS

After receipt by DRS, this authorization will remain in effect until canceled by notice to DRS or upon your death. The financial institution should also be notified if you cancel this agreement.

Department of Retirement Systems (DRS) requires that you provide your Social Security number for this form.

- DRS will use your Social Security number as a reference number and to ensure that any funds disbursed under your account are correctly reported to the IRS.
- DRS will not disclose your Social Security number unless required by law.
- Internal Revenue Code Sections 6041(a) and 6109 allow DRS to request your Social Security number.