

## REQUEST FOR DIRECT DEPOSIT

Important Note: For all requests, attach a voided check, current bank statement, or a signed letter from your bank displaying your name, full account number, and ABA routing number. Temporary checks will not be accepted. Forms that are incomplete or submitted without the required documentation will not be processed.

Please allow up to 6 weeks for changes to take effect.

Please print clearly in black ink. Check or circle one: New Sign-Up Change to Existing Direct Deposit Account **Section 1: Member Information** First Name MI Last Name Address Address ZIP City State Home Telephone Number **Business Telephone Number Email Address** SSN (last 4 digits only) **Section 2: Direct Deposit Information Checking Account** Savings Account Check or circle one: Name of Financial Institution Bank's Routing Number Account Number Section 3: Member's Statement and Signature I certify that I am entitled to an ERSRI retirement allowance, and authorize my payment to be sent to the financial institution named above and to be deposited in the designated account. Member Signature Date of Signature (mm/dd/yyyy)

Return the completed form and required documentation by mail or drop-off to the address below. Incomplete or inaccurate forms will not be processed.

Employees' Retirement System of Rhode Island 50 Service Avenue, 2nd Floor Warwick, RI 02886-1021