

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 _____

City _____ State _____ ZIP _____

Home Telephone Number _____ Business Telephone Number _____

Email Address _____ SSN (last 4 digits only) _____

Section 2: Direct Deposit Information

Check or circle one: Checking Account Savings Account

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 necessary documentation to the address below **by mail or drop-off**. Incomplete or inaccurate forms will not be processed.

Employees' Retirement System of Rhode Island

50 Service Avenue, 2nd Floor, Warwick, RI 02886-1021

Office: (401) 462-7600