



# AUTHORIZATION FOR DIRECT DEPOSIT

PO Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov  
 Toll Free: 1-800-547-6657 ♦ 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.

<b>Check all that apply:</b>			
<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: To be completed by payee**

Payee Name (Last, First, Middle)	Payee Social Security Number
Payee Mailing Address	City State ZIP
Daytime 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
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**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
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**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: To be completed by financial institution**

We agree to receive and deposit sums for the payee named above, in accordance with conditions established by DRS. We further agree to refund to DRS any payments received, in accordance to this agreement, to which the payee was not entitled by reason of error or his/her death, if sufficient funds exist in the account.

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 Branch Mailing Address		City State ZIP
Signature of Authorized Financial Institution Officer	Title	Date



## 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 1-888-711-8773.

While establishing or making changes to your direct deposit, your benefit will 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 1-800-547-6657.

#### Section C

After completing Sections A and B, take or send the form to your financial institution. After the financial institution completes 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.

#### 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.

The financial institution may cancel their agreement by providing you and DRS written notice 30 days in advance of the cancellation date. If this authorization is canceled, you must advise DRS immediately of your new distribution instructions.

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.