



### Direct Deposit Authorization

Use this form to authorize direct deposit of your retirement benefit to your financial institution. Send your completed form to us, via our contact information below.

**Member, Beneficiary or Alternate Payee information**

Name (first, middle initial, last)		Today's Date	SCERSID
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.

<b>Name (Please Print)</b>	<b>Signature</b>	<b>Date</b>
State of _____	County of _____	
Signed or attested before me on _____ (date) by _____ (name of individual).		
SEAL OR STAMP		
Signature of Notary	Title	Commission Expiration

**Seattle City Employees' Retirement System, Jeffrey S. Davis, Executive Director**

720 Third Avenue, Suite 900, Seattle, Washington 98104  
 Tel: 206.386.1293 Toll Free: 877.865.0079 Fax: 206.386.1506  
 Website: [www.seattle.gov/retirement](http://www.seattle.gov/retirement) Email: [retirecity@seattle.gov](mailto:retirecity@seattle.gov)  
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