



Direct Deposit of Net Monthly Benefit

SECTION 1 - RETIREE INFORMATION

RETIREMENT PLAN TYPE (Mark X in Appropriate Box)

- | | |
|--|--|
| <input type="checkbox"/> Employees' Retirement System (ERS) | <input type="checkbox"/> Georgia Judicial Retirement System (GJRS) |
| <input type="checkbox"/> Public School Employees Retirement System (PSERS) | <input type="checkbox"/> Georgia Military Pension Fund (GMPF) |
| <input type="checkbox"/> Georgia Legislative Retirement System (LRS) | <input type="checkbox"/> Georgia Defined Contribution Plan (GDGP) |

Name: _____ SSN: - -

(Last) (First) (MI) (Maiden)

Daytime Phone Number: (____) _____ E-mail Address: _____

Mailing Address: _____

(Street) (City) (State) (Zip Code)

Please update ERS system to reflect the above address.

SECTION 2 - DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS:

Before signing this agreement, please read the special conditions on page 2.

I authorize the Employees' Retirement System of Georgia to electronically deposit my net monthly benefit into my bank account. I have read and I understand the stipulations on the second page of this form, and I also understand that the following conditions apply:

- My check can only be deposited into an account for which I am an account holder.
- ERSGA is authorized to adjust any entries made in error.
- This arrangement remains in effect until I cancel or change it in writing to ERSGA, or make changes to my account online.
- I agree to immediately notify ERSGA of any change in my home address.
- Failure to abide by these conditions can jeopardize deposit of my monthly benefit.

Signature

Date

SECTION 3 - DIRECT DEPOSIT INFORMATION

INSTRUCTIONS:

Please check in the appropriate box indicating whether the account is a Checking Account or a Savings Account.

CHECKING

SAVINGS Please provide the following information:

A voided pre-printed check must be attached. Starter checks will not be accepted.

Financial Institution _____

Account Number _____

9-Digit Routing or Transit Number _____

EMPLOYEES' RETIREMENT SYSTEM OF GEORGIA
TWO NORTHSIDE 75
ATLANTA, GA 30318-7778
(404) 350-6300 (Atlanta)
1-800-805-4609 (outside the Atlanta area)

The following information should be read and understood before signing and returning this form for Direct Deposit. Please call the ERSGA office if you need further clarification.

NOTICE

Joint Account Holders: Joint account holders must notify ERSGA immediately of the death of the recipient of this benefit. Funds deposited after the death of the recipient are not legal and must be returned to ERSGA. ERSGA will then calculate and determine any survivor rights or benefit payments.

- EFFECTIVE STARTING DATE:** If ERSGA receives your request before the monthly payroll is processed (generally during the 3rd week of each month), your Direct Deposit starts on the last working day of that month. If received after the monthly payroll has been processed, your Direct Deposit will begin on the last working day of the next month.
- STATEMENTS:** No monthly check stubs are issued. You can access your account online at our website, www.ers.ga.gov.
- DEPOSIT DATES:** Checks are always deposited on the last work day of each month.
- BANK OR ACCOUNT CHANGES:** This deposit agreement continues until you notify ERSGA in writing to do otherwise, or update your direct deposit information online, on the self-service website. If you change banks or accounts, you must complete and send in another Direct Deposit form with an attached voided check, or access your account online and update the information in the *Maintain Direct Deposit* section. Please keep in mind that as long as the change is made prior to the monthly payroll being processed (generally during the 3rd week of each month), your Direct Deposit change should take effect on the next monthly payment; otherwise, it will start on the last working day of the next month.
- ADDRESS CHANGES:** You must notify this office of any change in your home address. We are required to keep all files current.