

Direct Deposit of Net Monthly Benefit



Section 1 – Retiree Information

Name _____ SSN _____

Daytime Phone (____) _____ Email Address _____

Mailing Address _____
(Street) (City) (State) (Zip)

Retirement Plan Name _____

Section 2 – Direct Deposit Authorization

I authorize ERS to electronically deposit my net monthly benefit into the account specified in Section 3.

I have read and understand the following conditions:

- My check can only be deposited into an account for which I am an account holder.
- Notify ERSGA immediately of the death of this benefit's recipient.
- Deposits after the recipient's death are not legal and must be returned.
- ERSGA is authorized to adjust any entries made in error.
- Notify ERSGA of any change in my mailing address.
- Funds are deposited on the last work day of each month.
- No monthly check stubs are issued. Access your account at www.ers.ga.gov.
- This authorization continues in effect until I cancel or change it in writing or online.
- Failure to abide by these conditions can jeopardize deposit of my monthly benefit.

Signature

Date

Section 3 – Direct Deposit Information

- Checking** Attach a voided pre-printed check **or** direct deposit authorization form from your banking institution. **Starter checks will not be accepted.** Do not staple.
- Savings** Attach a savings account deposit slip, **or** an official letter from your financial institution, confirming type of account, name(s) on the account, account #, routing #, bank representative or payee signature, and if this form is not returned your Pension ID or last 4 digits of your SSN..