



Direct Deposit of Net Monthly Benefit

Section 1 - Retiree Information

Name: _____ SSN: _____ - ____ - ____
email: _____ Daytime Phone: (____) _____
Mailing Address: _____
(Street) (City) (State) (Zip)
Retirement Plan Name: _____

Section 2 - Direct Deposit Authorization

I authorize ERSGA 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.
- Any deposits made after the month of 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 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.

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.

Attach check here.

Do not staple.