



Direct Deposit of Net Monthly Benefit

SECTION 1 - RETIREE INFORMATION

RETIREMENT PLAN TYPE (Mark X in Appropriate B	Зох)				
Employees' Retirement System (ERS) Public School Employees Retirement System (Georgia Legislative Retirement System (LRS) Name: (Last) (First) Daytime Phone Number:	(MI)		Georgia Milita Georgia Defin SSN:	ial Retirement System ry Pension Fund (GM ed Contribution Plan (IPF) (GDCP)
Mailing Address:(Street)			(City)	(State)	(Zip Code)
Please update ERS system to ref	lect the ab	ove addr	ess.		
SECTION 2 - DIRECT DEPOSIT AUTHORIZATION					
INSTRUCTIONS: Before signing this agreement, please read the special conditions on page 2.					
 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 change 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	DEPOS	IT INFORI	MATION	
INSTRUCTIONS: Please check in the appropriate box indicating	whether the	account is	a Checking /	Account or a Savir	ngs Account.
CHECKING: A voided pre-printed check or direct deposit authorization form from your banking institution must be attached. Starter checks	account:	Please provide the following information for checking or savings account: Financial Institution			
will <u>not</u> be accepted.	Financia	n mstituti	on		
	Account	Number			
A savings account deposit slip, or a written request on financial institution letterhead signed by one of their representatives, must be attached.	9-Digit R	Routing o	r Transit N	umber	

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.