



## **Direct Deposit Authorization Form**

Please print clearly. Blue ink is preferred. **Mail** this completed form along with any other required documentation needed to process your request to the Employees' Retirement System of Georgia (ERSGA). Funds are deposited on the last work day of each month. Access your account at ers.ga.gov to update your direct deposit online, review check stubs, and more.

| SECTION 1   | - Your Information        | Note: We will | update our reco    | ords to reflect th   | ne mailing a   | iddress I | isted belo | ow.     |        |       |
|---|---------------------------|---------------|--------------------|--|--|-----------|------------|---------|--------|-------|
| Name:   |                           |               |                    |  |  | S         | SSN:       |         |        |       |
| (Last)  |                           | (Firs         | t) (               | (MI) (Maiden)  |  |           |            |         |        |       |
| Mailing Addre   | 55:                       |               |                    |  |  |           |            |         |        |       |
|   | (Street)                  |               |                    |  | (City)   |           |            | (State) | (Zip)  |       |
| Date of Birth:  | / /                       | Email:        |                    |  | Р  | Phone (   | ( )        |         |        |       |
|   | mm/dd/yyyy                |               |                    |  |  |           | Cellular   | □ Home  | □ Work |       |
| SECTION 2 - Benefit Payments to Deposit Select all benefit payments that should be sent to the account listed below.  |                           |               |                    |  |  |           |            |         |        |       |
| All payments selected for direct deposit will be fully and directly deposited to the bank account listed in Section 3. If you are receiving multiple benefit payments each month (e.g., a survivor benefit payment (beneficiary) and a retirement benefit payment or retirement benefit payments from two separate plans) and would like the separate payments directed to separate bank accounts, complete and submit a separate Direct Deposit Authorization for each payment, or we recommend you update your banking information online. If no selection is made, all benefit payments will be updated to the account listed below.   |                           |               |                    |  |  |           |            |         |        |       |
| Legislative Ret   | irement System (LRS)      | □ Ret         | iree □ Beneficiary | □ Beneficiary Employees' Retirement System (ERS) □ Retiree □ Beneficia |  |           |            |         |        | ary   |
| Public Schools  | Employees Retirement Sy   |               | iree □ Beneficiary | 1st ERS Supplemental Guaranteed Lifetime Income (SGLI)                 |  |           |            |         |        | ary   |
| Georgia Judicia   | al Retirement System (GJR | S) □ Ret      | iree □ Beneficiary | y 2nd ERS Sup  | 2nd ERS Supplemental Guaranteed Lifetime Income (SGLI) |           |            |         |        |       |
| Georgia Militar   | y Pension Fund (GMPF)     | □ Ret         | iree 🛘 Beneficiary | □ Retiree □ Beneficiar   |  |           |            |         |        | iai y |
| SECTION 3 - Payment Method Select one of the following methods of payment and attach requested information.   |                           |               |                    |  |  |           |            |         |        |       |
| □ CHECKING: Attach a voided pre-printed check or direct deposit authorization form from your banking institution. Starter checks will not be accepted.  |                           |               |                    |  |  |           |            |         |        |       |
| □ <b>SAVINGS</b> : 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 #, and your Pension ID or last 4 digits of your SSN.  |                           |               |                    |  |  |           |            |         |        | ount, |
| Attach a pre-printed voided check or savings account deposit slip  Any incomplete or inaccurate information may result in my payment being delayed.   |                           |               |                    |  |  |           |            |         |        |       |
|   |                           | DC            | NOT STAPL          | E – Please u   | se tape  |           |            |         |        |       |
| SECTION 4 - SIGNATURE   |                           |               |                    |  |  |           |            |         |        |       |
| I understand that by signing this form, I am certifying that the above information is complete and accurate. I authorize ERSGA to electronically deposit my net monthly benefit into the account specified in Section 3. In addition, I have read and understand all instructions on this form and the following: • My benefit payment 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 authorization continues in effect until I cancel or change it in writing or online. • I understand that someone must notify ERSGA immediately of my death. Any deposits made after the month of death are not legal and must be returned. • Failure to abide by these conditions can jeopardize deposit of my monthly benefit. |                           |               |                    |  |  |           |            |         |        |       |
| Signature:  |                           |               |                    |  | Date:  | :         |            |         |        |       |