



Employees' Retirement System of Rhode Island

REQUEST FOR DIRECT DEPOSIT

*Please enclose a voided check or a copy of any other document from your bank showing your full account number.
Allow up to 2 full months for any changes or new direct deposit information to be effective.*

Please print clearly in black ink.

Check one box: New sign-up Change to existing direct deposit account

Section 1 - Member information

First and middle names	Last name	
Address (street number, street name and apartment number)		
City	State	Zip code
Home phone number (area code and number)	Business phone number (area code and number)	
Email address	Social Security number (4 last digits only)	

Section 2 - Direct deposit information

Check one box: Checking account Savings account

Name of bank or financial institution	
Bank's routing number	Account number

Section 3 - Member's statement and signature

I certify that I am entitled to an ERSRI retirement allowance, and authorize my payment to be sent to the financial institution named above and to be deposited in the designated account.

Member signature	Date of signature

Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island
 50 Service Avenue 2nd Floor
 Warwick, RI 02886-1021
 Office: (401) 462-7600 | Fax: (401) 462-7691
 Email: ersri@ersri.org | Web site: www.ersri.org