

REQUEST FOR DIRECT DEPOSIT

Important Note: For all requests, attach a voided check, current bank statement, or a signed letter from your bank displaying your name, full account number, and ABA routing number. Temporary checks will not be accepted. Forms that are incomplete or submitted without the required documentation will not be processed.

Please allow up to 6 weeks for changes to take effect.

Please print clearly in black ink. Check one box: New Sign-Up		irect Deposit Account		
Section 1: Member Info	rmation			
First Name	MI	Last Name		
Address				
Address				
City		State	ZIP	
Home Telephone Number		Business Telephone Number		
Email Address		SSN (last 4 digits only)	SSN (last 4 digits only)	
Section 2: Direct Depos	it Information			
Check one box: Checking Acco	ount Savings Account			
Name of Financial Institution				
Bank's Routing Number		Account Number	Account Number	
Section 3: Member's Sta	atement and Signatu	re		
I certify that I am entitled to an institution named above and to			nent to be sent to the financial	
Member Signature			Date of Sianature (mm/dd/vvvv)	



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Return the completed form and required documentation **by mail or drop-off** to the address below. Incomplete or inaccurate forms will not be processed.

Employees' Retirement System of Rhode Island

50 Service Avenue, 2nd Floor Warwick, RI 02886-1021