

GOVERNMENT EMPLOYEES' RETIREMENT SYSTEM



RETIREE DIRECT DEPOSIT ENROLLMENT FORM



Name: _____ SSN: _____

Address: _____ Home Phone: _____

I do hereby authorize the Government Employees' Retirement System (hereinafter GERS) to directly deposit my semi-monthly net pay to the following account(s):

You may choose up to three accounts:

1. Bank Name: _____ Phone: () _____

Address: _____
Street City State Zip

Account No.: _____ Routing Transit #: _____

Checking Saving I wish to deposit \$ _____ or Entire Net Amount

2. Bank Name: _____ Phone: () _____

Address: _____
Street City State Zip

Account No.: _____ Routing Transit #: _____

Checking Saving I wish to deposit \$ _____ or Entire Net Amount

3. Bank Name: _____ Phone: () _____

Address: _____
Street City State Zip

Account No.: _____ Routing Transit #: _____

Checking Saving I wish to deposit \$ _____ or Entire Net Amount

I understand that this authorization may be terminated by me upon two (2) weeks notice in writing to the Government Employees' Retirement System. I further understand that as a Direct Payroll Deposit Participant, I will receive a voided check in lieu of a Paycheck if I choose not to have a remaining amount sent directly to me. Residual amounts should be \$50 or more for mailing. Anything less will be automatically deposited to your account.

Notes: The GERS will be operating as agent for the purpose of Direct Payroll Deposit not as an agent of the depository institution(s) named above. The GERS therefore does not accept responsibility for any negligence on the part of said depository institution. If any payments made are dated after the last day of the month in which my death occurs, I hereby authorize and direct the said financial institution on my behalf and on my behalf of my executors or administrators, to refund any such payments to the Government Employees' Retirement System and to charge the same to my account.

Signature: _____ Date: _____

Please attach a voided copy of your personal check or official savings account documentation and allow two periods for processing.

Form Reviewed by: _____ Date: _____
(For GERS Use Only)