Seattle Retirement
Seattle City Employees' Retirement System

Direct Deposit Authorization

Use this form to authorize direct deposit of your retirement benefit to your financial institution. Please mail the completed form and attachments to Seattle Retirement, ATTN: SCERS, 920 5th Avenue, Suite 500, Seattle, WA 98104 or send via secure message on your Member Self-Service account. If you prefer to drop off the form in person, you can drop off your documents at our office at 920 5th Avenue, Suite 500, Seattle, WA 98104. **To protect your personal information, please do not email this form to SCERS.**

Member, Beneficiary, or Alternate Payee Information

Name (first, middle initial, last)_____Date_____

Daytime Phone Number_____Email address _____

Select one: ☐ Retiree

☐ Beneficiary of_____ (member name)

☐ Alternate Payee of _____(member name)

I have attached a voided check, savings deposit slip, or letter of account ownership from my financial institution, with the routing number and account number. I authorize Seattle City Employees' Retirement System to deposit the net benefit directly into my account at the financial institution I have selected.

*Select type of account for your direct deposit, **AND** type of account documentation provided:*

☐ Checking: ☐Voided check attached, OR ☐ Letter of account ownership attached OR

☐ Savings: ☐Voided savings deposit slip attached, OR ☐ Letter of account ownership attached

Notarized Signature and Date Required

If Seattle City Employees' Retirement System makes an excess deposit, or is required to withhold funds for garnishments, it may make a debit directly from my account. I will be notified as soon as practical.

The deposits will be automatic and will continue monthly until I provide an order in writing to change my direct deposit information and Seattle City Employees' Retirement System can put my changes into effect. To prevent any delay in deposits, I will immediately notify the retirement office of any change of banks or new account numbers by filing a new Direct Deposit Authorization form.

_____ _____ _____

Name (Please Print) **Signature** **Date**

State of_____ County of_____

Signed or attested before me on _____(date) by _____(name of member).

SEAL
OR
STAMP

_____

Signature of Notary Title Commission Expiration