



Office of the New York State Comptroller  
**Thomas P. DiNapoli**  
New York State and Local Retirement System  
Employees' Retirement System  
Police and Fire Retirement System

**Electronic Funds Transfer**  
**Direct Deposit Enrollment Application**  
**RS 6370L-3 (Internet Version) (Rev. 7/09)**

Date stamp: \_\_\_\_\_

110 State Street, Albany, New York 12244-0001  
Phone: 1-866-805-0990 or 518-474-7736 Fax: 518-402-4433  
Email: nyslrsinfo@osc.state.ny.us Web: www.osc.state.ny.us/retire

**SECTION 1. TO BE REVIEWED AND CORRECTED BY PENSIONER**

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Retirement #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ (Please Provide) Registration #: \_\_\_\_\_

**SECTION 2. TO BE COMPLETED BY PENSIONER**

I hereby request all future benefits which become payable to me from the New York State and Local Retirement System (NYSLRS) be transferred to my account via Electronic Funds Transfer (EFT) Direct Deposit to:

Name of Financial Institution: \_\_\_\_\_

Account Type:

- ☐ **Checking** (attach voided check to Section 3, or have Section 3 completed by your financial institution)  
If your checks do not have your name imprinted on them, Section 3 must be completed by the financial institution.  
☐ **Savings** (Section 3 must be completed by financial institution.)

NYSLRS is authorized to continue making such benefit payments to said financial institution or any of its successors until NYSLRS receives written notice from me to the contrary. I agree the NYSLRS shall have no liability or responsibility for loss occasioned by erroneous information supplied by myself, my duly authorized representative, or the financial institution.

I expressly acknowledge and understand any payments made pursuant to this request will be strictly an accommodation made to me by NYSLRS. NYSLRS reserves the right to discontinue or decline to honor this EFT request without prior notice.

I hereby authorize and direct the financial institution, on my behalf, my joint account holder, if any, and my estate to charge my account for amounts paid to which I was not entitled. I also agree, on behalf of myself, my joint account holder, if any, and my estate, that such amounts will be returned to the NYSLRS.

By making this request, I hereby represent the account identified herein (and as may later be modified) is not a trust held for the benefit of another.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Holder (If any): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3. TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION IF DIRECTING FUNDS INTO A SAVINGS ACCOUNT OR IF A VOIDED CHECK IS NOT ATTACHED. THE ABOVE PENSIONER'S NAME MUST APPEAR ON THE ACCOUNT.**

(Attach a preprinted voided check with your name imprinted on check here)

Account Type: ☐ Savings ☐ Checking

Transit/ABA Number (ACH Format)

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Depositor's Account Number (EFT Format)

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Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

I, as representative of the above named financial institution, agree to abide by the NACHA Rules and Regulations. Amounts paid to the account holder to which he/she is not entitled will be returned to NYSLRS. Liability shall be limited as prescribed in Section 4.7 of the NACHA Rules and Regulations.

Bank Officer Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Bank Officer (please print): \_\_\_\_\_

PLEASE SEE BACK FOR INSTRUCTIONS

**PLEASE READ CAREFULLY**

**Enrollment Application**

The Electronic Funds Transfer Direct Deposit Enrollment Application must be signed by you and the joint account holder if any. If you are requesting direct deposit to a "Checking Account," review Section 1 and make any necessary corrections, complete Section 2, then attach a voided check to Section 3. If a voided check is not attached to Section 3, or if your checks do not have your name imprinted on them, then Section 3 **must** be completed by your financial institution. Return the application to the New York State and Local Retirement System (NYSLRS). If requesting direct deposit to a "Savings Account," Section 3 **must** be completed by your financial institution before you return the application to the NYSLRS.

**Pensioner and Joint Account Holder Authorization For Recovery of Funds Deposited in Error**

By signing this Electronic Funds Transfer Direct Deposit Enrollment Application, you, both for yourself and your estate, and each joint account holder, if any, consent to allow NYSLRS, through the designated financial institution, to debit your account in order to recover any NYSLRS benefits to which you were not entitled. This means of recovery shall not prevent the NYSLRS from utilizing any other lawful means to retrieve NYSLRS benefit payments to which you were not entitled.

**Changing Financial Institutions and/or Accounts**

You may change financial institutions and/or accounts by completing a new enrollment application. The new enrollment application, when processed, will cancel the enrollment at the previous financial institution or your prior account. You should, however, be aware that changing financial institutions and/or accounts could take up to **30 days to complete**. We recommend that the old account not be closed until the first deposit is made to your new account or financial institution.

**Cancellation of Electronic Funds Transfer Direct Deposit**

To cancel this request, written notification from you must be received by the NYSLRS at least **30 days** prior to the next payment date.

The financial institution may terminate the electronic funds transfer direct deposit agreement with a written notice **30 days** in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both you and NYSLRS.

The New York State and Local Retirement System reserves the right to discontinue or cancel this electronic funds transfer direct deposit agreement at any time. Written notice will be provided to you.

The completed applications should be returned to the following address:

**EFT/Pensioner Services  
New York State and Local Retirement System  
110 State Street  
Albany, New York 12244-0001**

Questions or problems should be directed to the address above or you may call us at (518) 474-7736 or toll-free at 1-866-805-0990.