



# AUTHORIZATION FOR DIRECT DEPOSIT

PO Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov  
 Toll Free: 800.547.6657 ♦ Olympia Area: 360.664.7000 ♦ TTY: 711

**Important** – It is possible that your first payment may be mailed to your bank, and will not be an electronic transfer. All remaining payments will be electronic transfers to your account.

## My Personal Information

Print Name (Last, First, Middle)				Social Security Number	
Mailing Address		City	State	ZIP	Phone Number
Alternate Phone Number			Email Address		

## Information about My Benefit Payments

Check the retirement system(s) or plan(s) from which you receive benefits – these will be deposited into one account. If you have multiple benefit plans, and you would like them deposited into different accounts, please complete a separate form for each.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Deferred Compensation Program (DCP)                | <input type="checkbox"/> Public Employees' (PERS) | <input type="checkbox"/> Judicial (JRS)                    |
| <input type="checkbox"/> Public Safety Employees' (PSERS)                   | <input type="checkbox"/> State Patrol (WSPRS)     | <input type="checkbox"/> Teachers' (TRS)                   |
| <input type="checkbox"/> Law Enforcement Officers' & Fire Fighters' (LEOFF) | <input type="checkbox"/> School Employees' (SERS) | <input type="checkbox"/> Judicial Retirement Account (JRA) |

*Not sure which of the following options to choose? See the back of this form for more information.*

**I am a (check one):**     Retiree     Survivor/Beneficiary     Legal Order Payee     Separated from Service

Are you receiving money from someone else's account? If so, please provide their name and Social Security number.

Print Name (Last, First, Middle)	Social Security Number
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## My Benefit Statement Options

These options are not available for DCP.

- Send a statement when a change is made to my account and at the end of the year.  
 Do not send me paper statements.

## By signing this form, I authorize and request:

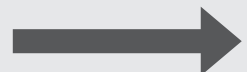
- The Department of Retirement Systems (DRS) to transfer the full amount of my monthly benefit payment, after authorized deductions, to the designated financial institution for deposit.
- The designated financial institution to provide information to DRS regarding address changes and/or account information, to ensure proper and timely processing of deposit transactions.
- The designated financial institution to refund to DRS any overpayments to my account made subsequent to my death or payments made in error. This last bullet does not apply to DCP.

Signature	Date
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**International transfers:** Due to federal restrictions, we cannot transfer electronic funds if they will be immediately credited to an account outside of the United States.



**Complete this form by including your account information.  
 See the back of the form for attachment instructions.**



**To complete this form, please include one of the following:**

- A voided check or copy of a voided check
- A direct deposit form from your financial institution
- A deposit slip (for your savings account)

Tape your account information in the space below OR include your financial institution's direct deposit form when you submit this *Authorization for Direct Deposit*. Please do not use staples.


Steven M. Bolden  
(360) 555-1234  
9876 Maplewood Drive  
Any City, State 98501

98-442/3251

1234

\_\_\_\_\_ 20 \_\_\_\_\_

Pay To  
The Order Of \_\_\_\_\_ | \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS  Security Features Details on Back

Your Financial Institution  
Your City, USA

For \_\_\_\_\_ MP

⑆ 123456789⑆ 000054321987654 ⑈ 1234

**Which one am I? Use the definitions below to choose an option. (See the front of the form)**

- Retiree:** A DRS member who contributed to a retirement system and is now collecting a retirement benefit.
- Survivor/Beneficiary:** A person, estate, organization or trust receiving a benefit from a deceased DRS member's account.
- Legal Order Payee:** A person awarded a portion of a retirement benefit.
- Separated from Service:** An unretired DCP participant or retirement systems member who is no longer working in a DRS-covered plan.

- Department of Retirement Systems (DRS) requires that you provide your Social Security number for this form.
- DRS will use your Social Security number as a reference number and to ensure that any funds disbursed under your account are correctly reported to the IRS.
  - DRS will not disclose your Social Security number unless required by law.
  - Internal Revenue Code Sections 6041(a) and 6109 allow DRS to request your Social Security number.