

# DIRECT DEPOSIT INSTRUCTIONS

## Read All Instructions Carefully

1. Complete, sign and return the Direct Deposit form to the Consolidated Public Retirement Board / Benefits Section / 4101 MacCorkle Avenue SE / Charleston, WV 25304. Type or print clearly.
2. Allow 3 to 4 weeks for your direct deposit to become effective. You will continue to receive your check each month at your current address until processing of your direct deposit request is complete. The Consolidated Public Retirement Board will notify you the month your direct deposit will begin. For new retirees, only your FIRST retirement check will go to your home address, barring any unforeseen circumstances.
3. If you are changing financial institutions or accounts, submit this form to the Consolidated Public Retirement Board a few weeks in advance for the changes to become effective. **Do not close your old account until you have received at least one payment from the Consolidated Public Retirement Board in the new account.** This will help prevent a substantial delay in receiving your payment.
4. If the Direct Deposit Form is signed by anyone other than the retiree, send the Consolidated Public Retirement Board a copy of the appointment of Power of Attorney, if not already on file.
5. Notify the Consolidated Public Retirement Board immediately of any changes in your address, whether temporary or permanent. This will ensure your receipt of all important mailings related to your retirement annuity.
6. Verify that you have written the correct Social Security Number on the Direct Deposit form. An incorrect Social Security Number will delay the processing of your request.
7. For direct deposit into your checking account, you must send a VOIDED CHECK from your checking account. A deposit slip will not be accepted. For direct deposit into your savings account, you must attach a letter from your financial institution or deposit slip for the savings account.
8. All payments will be deposited into your account on the 25<sup>th</sup> of each month (18<sup>th</sup> of the month for December) unless that day falls on a weekend or holiday, in which case payments will be deposited the day prior to the holiday or weekend.
9. For any other questions regarding direct deposit, contact the Consolidated Public Retirement Board at 800-654-4406.

## Read The Following Section Carefully If You Have A Joint Account

Joint account holders should immediately advise both the Consolidated Public Retirement Board and their financial institution of the death of a payment recipient. Funds deposited after the date of death or ineligibility must be returned to the State. The Consolidated Public Retirement Board will then make a determination regarding survivor rights, calculate survivor benefits, if any, and begin payments.

# Direct Deposit Form for Retirement

Consolidated Retirement Board/ Benefits Section  
4101 MacCorkle Ave SE, Charleston WV 25304  
Telephone: 1-800-654-4406 Fax: 304-558-5455 www.wvretirement.com

New Retiree:  Yes  No

First Name:	<input type="text"/>	MI:	<input type="text"/>
Last Name:	<input type="text"/>		
Telephone #:	<input type="text"/>	SSN:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

## Financial Institution Information

Financial Institution Name:	<input type="text"/>		
<b>Please select one:</b>	<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Change of Financial Institution or Account	
<hr style="border-top: 1px dashed black;"/>			
<b>Please select one:</b>	<input type="checkbox"/> Checking - Attach a voided check.	<input type="checkbox"/> Savings	

I hereby authorize the State of West Virginia, hereinafter called State, to initiate credit entries as indicated on the form above. I further authorize the State to initiate debit entries as adjustments for credit entries made in error. This authority is to remain in effect until the State receives written notification from me of termination in such time and manner as to afford reasonable opportunity for action. The State will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this agreement.

I agree to comply with any guidelines proposed by my agency regarding electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed. I also hereby authorize the WV CPRB to change my address of record to the address indicated above.

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

Date:

---

**PLEASE RETURN TO:**  
**Consolidated Public Retirement Board, Benefits Section**  
**4101 MacCorkle Ave SE, Charleston, WV 25304**

**To be completed by the Retirement Board. POA papers on file:**  Yes  No

I hereby certify that I am a representative of the Consolidated Public Retirement Board and authorized to certify the information listed and documentation provided with this agreement has been received from the retiree or their legal representative. I also certify that the SSN listed belongs to the individual entitled to receive the payment(s).

**CPRB Representative's**

**Signature:** \_\_\_\_\_

Date

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.