



# Direct Deposit Authorization

This form is for all plan members, retirees, survivors and legal-order payees.

Send completed form to:  
Department of Retirement Systems  
PO Box 48380 • Olympia, WA 98504-8380  
[www.drs.wa.gov](http://www.drs.wa.gov) • 800.547.6657  
360.664.7000 • TTY: 711

## Important Information

Your first payment could be sent to your mailing address, so it might arrive a day or two later than a direct-deposit payment would. Also, you can make this change quickly online at [www.drs.wa.gov/aaa](http://www.drs.wa.gov/aaa).

## Personal Information

Name (Last, First, Middle)		Social Security Number											
Mailing Address	City	State	ZIP										
Date of Birth (mm/dd/yyyy)	Phone Number	Alternate Phone Number											
Email Address													
<b>My Status (Check All That Apply)</b> <input type="checkbox"/> Retiree: I am a DRS member who contributed to a retirement system and is now collecting a retirement benefit. <input type="checkbox"/> Survivor or Beneficiary: I am or represent a person, estate, organization or trust receiving a benefit from a deceased DRS member's or retiree's account. <input type="checkbox"/> Legal-Order Payee: I have been awarded a portion of a DRS retirement benefit.													
Are you receiving money from someone else's account? <input type="checkbox"/> Yes (Provide Name and Social Security Number Below) <input type="checkbox"/> No													
Account Holder Name (If Different from Above)		Social Security Number (If Different from Above)											
<b>Retirement System(s) from Which You Receive Benefits</b> If you have multiple benefit plans and you check more than one box, these funds will be deposited into the account you name on this form. To have the funds placed in separate accounts, fill out a separate <i>Direct Deposit Authorization</i> form for each benefit. <table border="0"><tr><td><input type="checkbox"/> Apply to All My Retirement Plans</td><td><input type="checkbox"/> Washington State Patrol Retirement System (WSPRS)</td></tr><tr><td><input type="checkbox"/> Public Employees' Retirement System (PERS)</td><td><input type="checkbox"/> Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)</td></tr><tr><td><input type="checkbox"/> Teachers' Retirement System (TRS)</td><td><input type="checkbox"/> Public Safety Employees' Retirement System (PSERS)</td></tr><tr><td><input type="checkbox"/> School Employees' Retirement System (SERS)</td><td><input type="checkbox"/> Judicial Retirement System (JRS)</td></tr><tr><td><input type="checkbox"/> Judges' Retirement Fund (JRF)</td><td></td></tr></table>				<input type="checkbox"/> Apply to All My Retirement Plans	<input type="checkbox"/> Washington State Patrol Retirement System (WSPRS)	<input type="checkbox"/> Public Employees' Retirement System (PERS)	<input type="checkbox"/> Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)	<input type="checkbox"/> Teachers' Retirement System (TRS)	<input type="checkbox"/> Public Safety Employees' Retirement System (PSERS)	<input type="checkbox"/> School Employees' Retirement System (SERS)	<input type="checkbox"/> Judicial Retirement System (JRS)	<input type="checkbox"/> Judges' Retirement Fund (JRF)	
<input type="checkbox"/> Apply to All My Retirement Plans	<input type="checkbox"/> Washington State Patrol Retirement System (WSPRS)												
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<input type="checkbox"/> School Employees' Retirement System (SERS)	<input type="checkbox"/> Judicial Retirement System (JRS)												
<input type="checkbox"/> Judges' Retirement Fund (JRF)													

## Your Benefit Statement

When your first payment is deposited, you will receive a remittance statement at the address you provided in the Personal Information section. You can always access your past two months' benefit statements in your secure online account at [www.drs.wa.gov/aaa](http://www.drs.wa.gov/aaa). If you want to receive statements in the mail as well, check one of the options below.

- ☐ Send a statement when a change is made to my account and at the end of the year.  
☐ Send a statement at the end of the year.

**Please complete the other side of this form as well.**



Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. See IRC sections 6041(a) and 6109.



## Direct Deposit Financial Institution (you fill this in)

Name of Financial Institution	Routing Number
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number

## Authorization for Direct Deposit

Due to federal restrictions, we cannot transfer funds electronically if the funds will be immediately credited to an account outside the U.S. I authorize and request:

- The Department of Retirement Systems (DRS) transfer the full amount of my monthly benefit payment, after authorized deductions, to the designated financial institution for deposit
- The designated financial institution provide information to DRS regarding address changes and account information to ensure proper and timely processing of deposit transactions
- The designated financial institution refund to DRS any overpayments to my account made subsequent to my death or payments made in error

Signature

Date

### How to find your routing and account numbers:

On your checks, the routing number is on the bottom left. The next numbers are your account. Optional: You can also attach a voided check with your application.

If you don't have checks, contact your financial institution and ask for the numbers.

John Doe  
1234 Any Street, Any Town

001

Pay to \_\_\_\_\_ \$

Routing Number

Account Number

⌚ 23456789 ⌚ 00456789123 ⌚ 001

## Contact DRS



Log in

**drs.wa.gov/oaa**

For fast, secure service, log into your DRS online account and use the personalized *Contact Us* tool.



Call

**800.547.6657**

Local: 360.664.7000 TTY: 711

Monday - Friday 8 am to 5 pm Pacific Time

Visit **drs.wa.gov/contact** for more ways to contact us.