



Direct Deposit Authorization

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

Send completed form to:
 Department of Retirement Systems
 PO Box 48380 • Olympia, WA 98504-8380

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/oa.

Personal Information

Name (Last, First, Middle)		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	
Mailing Address		City	State	ZIP
Date of Birth (mm/dd/yyyy)	Phone Number		Alternate Phone Number	
Email Address				
My Status (Check All That Apply) <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. <input type="checkbox"/> Deferred Compensation Program (DCP) Beneficiary: I am receiving a benefit from a deceased DCP participant's account.				
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's Name (If Different from Above)		Social Security Number (If Different from Above)		
Retirement System(s) and/or Program from Which You Receive Benefits (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.)				
<input type="checkbox"/> Apply to All My Retirement Plans/Programs	<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"/> School Employees' Retirement System (SERS)	<input type="checkbox"/> Judicial Retirement System (JRS)	<input type="checkbox"/> Deferred Compensation Program (DCP)	<input type="checkbox"/> Judges' Retirement Fund (JRF)	<input type="checkbox"/> Public Safety Employees' Retirement System (PSERS)

Your Monthly Benefit Statement (DCP beneficiaries: Skip this section)

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/oa. If you want to receive statements in the mail as well, check one of the options below.

- Mail me a statement when a change is made to my account and at the end of the year.
 Mail me 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.)



Financial Institution (you fill this in)

Name of Financial Institution		Transit/Routing Number (See Example Check Below)		
Financial Institution Phone Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number (See Example Check Below)		
Financial Institution Branch Mailing Address		City	State	ZIP

How do I find my transit/routing number and account number?

- Look at one of your checks. The transit/routing number is on the bottom left. The next set of numbers is your account number. You can also attach a voided check with your application, if you'd like.
- If you don't have checks, contact your financial institution and ask for help locating the numbers.

Bobby M. Smith (123) 456-7890 12345 Main Street Anywhere, State 98501		98-442/3251	1234
Pay to the Order of _____		_____ 20 ____	\$ _____
Your Financial Institution Your City, USA		_____ DOLLARS	
For _____		_____	
⑆ 123456789 ⑆	⑆ 000054321987654 ⑆	1234	
Transit/Routing Number	Account Number		

Signature

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 unless I am a DCP beneficiary

Signature	Date
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To Contact DRS

<h3>Call</h3>  <p>Phone 360.664.7000 800.547.6657 TTY 711 DCP 888.327.5596</p>	<h3>Write</h3>  <p>Department of Retirement Systems PO Box 48380 Olympia, WA 98504-8380</p>	<h3>Email</h3>  <p>recep@drs.wa.gov</p> <p>It might be possible for other people to read messages sent over the Internet. If you contact us by email, please include only the last four digits of your Social Security number.</p>
<h3>Visit</h3>  <p>6835 Capitol Blvd. Tumwater, WA 98501</p> <p><i>Directions are available on the DRS website.</i></p>	<h3>Hours</h3>  <p>Monday - Friday 8 am to 5 pm Pacific Time</p>	<h3>Website</h3>  <p>www.drs.wa.gov</p> <p>You can also send us email through the DRS website. Visit the <i>Contact Us</i> page.</p>