

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
50 Service Avenue, 2nd Floor
Warwick, RI 02886-1021
Office (401) 462-7600 Fax (401) 462-7691
Email: ersri@ersri.org Web Site: www.ersri.org

Direct Deposit Form

Please check one box below:

- New Sign-up Change to Existing Direct Deposit Account

Instructions: Please use black ink and print clearly or type.

MEMBER INFORMATION

Name:		SSN:
Address:		
City :	State:	ZIP:
Home Phone Number:	Business Phone Number:	Email Address:

DIRECT DEPOSIT INFORMATION

Name of the Bank / Financial Institution	Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank's Routing Number	Your Account Number

Please enclose a copy of a voided check, or first page of bank statement showing account numbers for savings accounts.

MEMBERS' STATEMENT AND SIGNATURE

DIRECT DEPOSIT AUTHORIZATION

I certify that I am entitled to an ERSRI retirement allowance, and authorize my payment to be sent to the financial institution named above and to be deposited in the designated account.

Signature of Member	Date
---------------------	------

PLEASE NOTE: Allow up to 2 full months for any changes or new direct deposit information to be effective.

If you already have your benefit directly deposited and are changing accounts or banks, there will be one "live" check issued and mailed to your home between the account or bank change. Please make sure ERSRI has your correct address listed above for mailing your live check.