



Employees' and Elected Officials' Retirement Systems
 7 East Redwood Street, 13th Floor
 Baltimore, MD 21202-3470
 Phone: (443) 984-3200
 Fax: (443) 853-3767

PAYROLL DIRECT DEPOSIT REQUEST FORM (FOR RETIREES & BENEFICIARIES)

Please print legibly in black ink.

First Name	Middle Initial	Last Name
Social Security Number:		Email Address:
Please provide telephone numbers where you can be reached:		
Work:	Home:	Cell:
Mailing Address:		
List name, address and social security number of other persons authorized to access or use the account:		
1.		
2.		
Select Action:		
Begin Direct Deposit <input type="checkbox"/>	Change Direct Deposit <input type="checkbox"/>	
Effective Date of Action:		
Select Account Type:		
Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	
Copy of identification attached <input type="checkbox"/>		
Name of Financial Institution:		
FOR ERS USE ONLY	Pension #	Identification Attached _____
Received _____	Processed _____	Verified _____

Benefit Recipient Certification:

I certify that I am the benefit recipient or that I have the authority to sign for the benefit recipient identified above and that I have read and understood the instructions in this form. By signing this form, I authorize my benefit payment to be sent to the named financial institution to be deposited to the designated account.

In the event the Bank of New York Mellon notifies the financial institution of funds to which I am not entitled and were deposited to my account, I hereby authorize and direct the financial institution to reverse the transaction and return said funds to ERS immediately. I acknowledge responsibility for the return of any erroneous payments or overpayments. I authorize the financial institution to release any account information requested by ERS in any efforts by ERS to reverse any overpayment. The account holder acknowledges responsibility for the return of any overpayment or error of funds.

Signature: _____

Date: _____

Description of Instructions

1. Complete Beneficiary's Contact Information: Print first name, middle initial, last name, social security number, email address, phone number, and mailing address.
2. Complete Authorized User Contact Information: List name, address and social security number of other persons authorized to access or use the account.
3. Select Requested Action
Begin: If you are a new retiree or beneficiary, or have been receiving your monthly benefit by check and you want to start direct deposit to your financial institution.
Change: If you are changing your direct deposit from one financial institution to another.
Effective Date of Action: Indicate the date you would like the action to occur. Changes take at least 30 days to process.
4. Select Account Type
Checking Account: Attach a copy of your driver's license, state identification card, or passport along with a blank voided check (starter checks are not acceptable) or a letter from the banking institution verifying your name, routing number and account number. This documentation must be on the financial institution's stationery or letterhead.
Savings Account: Attach a copy of your driver's license, state identification card, or passport along with a letter from the banking institution verifying your name, routing number and account number. This documentation must be on the financial institution's stationery or letterhead.

How to submit: The completed form can be faxed: (443) 853-3767, emailed: contacters@bcers.org, or mailed to the Employees' and Elected Officials', Retirement System 7 E. Redwood Street, 13th Floor Baltimore, MD 21202

Benefit Recipient's Certification: To enroll for direct deposit, you, or, an authorized person, such as an alternate payee, the attorney-in-fact, or the custodian for the minor child must include photo identification (see section 4) and the Payroll Direct Deposit Request form with all sections completed.

A minor child below age 18 or a student below age 21, for whom a custodian has been designated under the Maryland Uniform Transfer to Minors Act, **cannot sign this form.** See Guardian/Custodian section below.

Power of Attorney: If you have power of attorney over the retirement affairs of the ERS benefit recipient, the attorney-in-fact may complete and sign this form. However, ERS must have an approved copy of the power of attorney on file to process the direct deposit request.

Guardian/Custodian: If you are guardian or custodian of a minor child who is an ERS benefit recipient, you may complete and sign this form. However, ERS must have a copy of the court order appointing the guardian or custodian on file to process the direct deposit request.

Changing Financial Institution for Direct Deposit: Your direct deposit arrangements will continue until ERS is notified by you or by a person authorized by you (see above) of a change to the financial institution receiving the direct deposit. To make a change, you, or an authorized person, must complete a new Payroll Direct Deposit Request Form.

If you need assistance, please contact ERS @ 443 984- 3200 or toll free @ 1 (877) 273-7136