



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



PAYROLL DIRECT DEPOSIT REQUEST FORM (FOR RETIREES & BENEFICIARIES)

Please read the instructions on the back and print legibly in black ink.

First Name:	MI:	Last Name:
Social Security Last 4 Digits:		Email Address:
Provide telephone numbers where you can be reached:		
Work:	Home:	Cell:
Mailing Address:		
Select Action: <input type="checkbox"/> Begin Direct Deposit <input type="checkbox"/> Change Direct Deposit		
Effective Date of Action:		
Select Account Type: <input type="checkbox"/> Checking (Attach Voided Check or Banking Verification Document) <input type="checkbox"/> Savings (Attach Banking Verification Document) <input type="checkbox"/> Copy of Photo Identification (Driver's License / State Issued ID / Passport) Attached		
Name of Financial Institution:		
List name, address and social security number of other persons authorized to access or use the account:		
1. Name: _____ Social Security No.: _____ Address: _____		
2. Name: _____ Social Security No.: _____ Address: _____		
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 understand the instructions in this form. In 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 that the Bank of New York Mellon notifies the financial institution of funds to which I am not entitled were deposited to my account in error; I hereby authorize and direct the financial institution, on behalf of myself, any joint account holder, and my estate to reverse the transaction and return said funds to ERS immediately. I also authorize the release to ERS by the financial institution of my address and the names and addresses of all persons listed on the account.

If a copy of your identification, the blank voided check or institutional documentation is not attached, the direct deposit request will not be processed.

The account holder acknowledges responsibility for the return of any overpayment or error of funds.

Signature: _____ Date: _____

Description of Instructions

1. **Complete Benefit Recipient's Contact Information:** Print recipient's first name, middle initial, last name, social security number, email address, phone number, and mailing address.
2. **Select Requested Action**
Begin: if you are a new retiree or beneficiary or a current retiree or beneficiary who 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.
3. **Select Account Type**
Checking Account: Attach a copy of your driver's license, State issued 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 stationary or letterhead.

Savings Account: Attach a copy of your driver's license, State issued 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 stationary or letterhead.
4. **Complete Authorized User Contact Information:** List the name, address and social security number of each person also authorized to access or use the account.

Benefit Recipient's Certification: To enroll for direct deposit, you (retiree or beneficiary) or an authorized person, such as an alternate payee, the attorney-in-fact, or the custodian for the minor child must include a photo identification (see section 3) and sign & date the Payroll Direct Deposit Request Form with all sections completed.

How to Submit: This completed form along with a copy of the photo identification and financial banking document should be sent to ERS either by fax to (443) 853-3767, email to contacters@bcers.org or mail to Employees' and Elected Officials' Retirement System, 7 E. Redwood Street, 13th Floor, Baltimore, MD 21202.

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

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.

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.

Changing Financial Institution for Direct Deposit: Your direct deposit arrangements will continue until ERS has been 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 at (443) 984-3200 or toll free at 1 (877) 273-7136.