DEFINED BENEFIT PLAN
DIRECT DEPOSIT OF PENSION PAYMENTS

Complete Part I. Attach a voided check or have your financial institution complete Part II. Send the completed form to the address at the bottom of this form.

Note: Your first payment after this form is processed will be by check, mailed to your address on record, and a test transaction will be sent to your financial institution to ensure that everything works correctly. Once confirmed, your next payment will be deposited into your account. Monthly pension payments are deposited on the last business day of each month.

PART I - PAYEE AGREEMENT

Payee Full Name (First, MI, Last)	**Payee SSN**
Street Address	**Telephone**
City, State, Zip	
Payee Type (Check one) ☐ SERS Member ☐ Survivor/Beneficiary ☐ Alternate Payee	**Member SSN** (if Payee is not a SERS member)

Account Type (Check one - if an account type is not selected, the benefit cannot be processed.)

☐ **Checking** ☐ **Savings**

I hereby authorize and request the Pennsylvania State Employees' Retirement System (SERS) to direct my monthly pension payment to my account indicated in Part II below, and I further authorize the financial institution to credit the same account without responsibility for correctness of such amount. I hereby revoke all prior payment arrangements with SERS.

This authorization will remain in effect until I give written notice of its termination to SERS in such time and in such manner as to allow SERS a reasonable opportunity to act upon it. If I wish to change these instructions, I agree to notify SERS at least 60 days prior to the effective date of such change.

Payee's Signature	**Date**

PAYEE STOP HERE! Attach a voided check or have your financial institution complete the remainder of this form.

PART II - FINANCIAL INSTITUTION AGREEMENT

ACH Routing Number

☐☐☐☐ - ☐☐☐☐ - ☐

Account Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Financial Institution

Name	**Date**
Street Address	**Telephone**
City, State, Zip	**Title**

In consideration of SERS making payments in accordance with this authorization without requiring other proof that the payee is alive on the date which such payment falls due, we hereby agree to repay, refund and/or reimburse to SERS, on demand, the amount of payments made to and received by us, the due date of which is after the date of death of the payee, to the extent that funds representing such payments remain on deposit with this financial institution at the time of certification of payee's death by SERS, to this financial institution.

Authorized Signature

30 North 3rd Street, Suite 150 | Harrisburg PA 17101 | 1.800.633.5461 | www.SERS.pa.gov

pennsylvania
STATE EMPLOYEES' RETIREMENT SYSTEM