

DEFINED BENEFIT PLAN DIRECT DEPOSIT OF PENSION PAYMENTS



Complete Part I. Attach a voided check for the account type selected in the payee agreement section. You may attach a voided check for a savings account if the savings account number is the same as your checking account number. If you do not attach a voided check, your financial institution **must** complete Part II. Send the completed form to the address below.

SERS will enter the effective date of this direct deposit instruction in the space provided and send you a copy. Your first payment after the effective date 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 working 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) <input type="checkbox"/> SERS Member <input type="checkbox"/> Survivor/Beneficiary <input type="checkbox"/> Alternate Payee	Member SSN (if Payee is not a SERS member)
Action to be taken (Check all that apply) <input type="checkbox"/> Start Direct Deposit <input type="checkbox"/> Change Account Number <input type="checkbox"/> Change Financial Institution	*DO NOT WRITE - SERS USE ONLY* This change will be effective _____
Account Type (Check one - if an account type is not selected, the benefit cannot be processed.) <input type="checkbox"/> Checking (voided check must be attached) <input type="checkbox"/> 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! (To deposit into a savings account, have your financial institution complete the remainder of this form.)

PART II - FINANCIAL INSTITUTION AGREEMENT	
ACH Routing Number <div style="display: flex; align-items: center;"> - - </div>	Account Number <div style="display: flex; align-items: center;"> </div>
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	