



# DIRECT DEPOSIT AUTHORIZATION

- INSTRUCTIONS:**
1. Use this form to authorize URS to deposit recurring retirement benefits (pension) to the account designated on this form. Please note, this form will revoke any prior Direct Deposit Authorization.
  2. Please type or print clearly in black ink.
  3. All sections of this form must be completed.
  4. Sign and return to the Retirement Office.

SECTION A » MEMBER INFORMATION		
Name (First, Middle, Last)	Phone Number	Social Security Number

## SECTION B » DIRECT DEPOSIT INFORMATION

Carefully review the information you provide on this form to avoid delays in your monthly retirement benefit. URS is not responsible for any errors due to incorrect or missing information provided on this form.

### Personal Check

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars  
 (Bank Name and Location) \_\_\_\_\_  
 000000000 0000000000 000

Account Number  
 Routing Transit Number

### Business Check

Name of Company \_\_\_\_\_  
 Address, City, State \_\_\_\_\_  
 Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars  
 (Bank Name and Location) \_\_\_\_\_  
 0000000000 000000000 0000000000 000

Account Number  
 Routing Transit Number

Bank or Credit Union Name: \_\_\_\_\_

Account Type:  Checking  Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**\*Note: If you are completing this form as a Power of Attorney agent or conservator for the retiree or retiree's spouse, please attach a copy of the Power of Attorney or conservatorship papers. When URS processes your direct deposit, your last payment information will be available online at [www.urs.org](http://www.urs.org) under myURS. If your mailing address changes, you may update your address by logging into your account at [www.urs.org](http://www.urs.org) or you may request a form by contacting our office.**

## SECTION C » AUTHORIZATION

By signing below, I:

- Authorize URS to deposit my monthly retirement benefit (pension) directly to my account at the financial institution shown above;
- Understand that URS is not responsible for any errors due to information I provide on this form;
- Agree to provide written notification to URS within 30 days of any changes to this information so that my monthly retirement benefit (pension) may be properly distributed;
- Understand that it could take 30 to 60 days to initiate the direct deposit procedure;
- Understand that if I receive both a monthly retirement benefit (pension) and a deferred compensation benefit, both payments must be deposited at the same institution;
- Authorize URS to make adjustments to my account to correct any credit entries made in error;
- Understand that I may terminate this authorization by providing written notification to the Retirement Benefits Department.

Member's Signature	Date
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