



Employees' Retirement System of Rhode Island

REQUEST FOR DIRECT DEPOSIT

Important Note: For all requests, attach a voided check, current bank statement, or a signed letter from your bank displaying your name, full account number, and ABA routing number. Temporary checks will not be accepted. Forms that are incomplete or submitted without the required documentation will not be processed.

Please allow up to 6 weeks for changes to take effect.

Please print clearly in black ink.

Check one box: New sign-up Change to existing direct deposit account

Section 1 - Member information

First and middle names		Last name	
Address (street number, street name and apartment number)			
City	State	Zip code	
Home phone number (area code and number)	Business phone number (area code and number)		
Email address	Social Security number (4 last digits only)		

Section 2 - Direct deposit information

Check one box: Checking account Savings account

Name of bank or financial institution			
Bank's routing number	Account number		

Section 3 - Member's statement and signature

I certify that I am entitled to an ERSRI retirement allowance, and authorize my payment to be sent to the financial institution named above and to be deposited in the designated account.

Member signature	Date of signature
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Please forward this completed form, dated, and signed, to the following address:

Employees' Retirement System of Rhode Island
50 Service Avenue 2nd Floor
Warwick, RI 02886-1021
Office: (401) 462-7600 | Fax: (401) 462-7691