



Electronic Direct Deposit Authorization for Retirees

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, Alaska 99811-0203

Juneau: (907) 465-4460
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BEFORE COMPLETING THIS FORM, PLEASE READ THE INSTRUCTIONS ON THE BACK. If you are making a change to a different bank account, do not close your old bank account until your new bank account is in effect. If you close your old bank account prior to your new account being in effect, please notify the division in writing or the funds will be returned to the State of Alaska and cause a seven to ten day delay before you receive your retirement benefit in the mail. Please contact us if you have any questions about the effective date of this request.

Please note that any alteration or unauthorized addition to this form will invalidate the form.

SECTION 1 – TYPE OF CHANGE

- Start New Authorization Change Existing Authorization Cancel Existing Authorization

SECTION 2 – MEMBER INFORMATION

New Address? Yes No

Name (First Name, Middle Initial, Last Name)

Social Security Number or Retirement ID Number
()

Mailing Address

Daytime Phone

City State Zip Code

Which benefits do you want affected with this change? PERS TRS JRS NGNMRS EPORS

SECTION 3 – BANK ACCOUNT INFORMATION

Routing Number

Account Number

Checking Savings

If you have selected **Checking**, attach your voided check in the space to the right. If you do not wish to attach a voided check or if your checks are not personalized with your name and address, please have your financial institution complete the box to the right. **Do not attach a deposit slip.** If you have selected **Savings**, please have your financial institution complete the section in the box.

Please attach your voided, pre-printed personalized check (no deposit slips) OR have your Financial Institution complete the information in this box.

Name of Financial Institution

Branch Phone Number

Address

City

State

Zip Code

I confirm the identity of the above-named payee and that the payee is an account holder on the account number indicated above. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative

Print Representative's Name

Date

SECTION 4 – APPLICANT CERTIFICATION

I certify I have read and understood the information on this form and on the accompanying instructions. I authorize the designated financial institution to provide information to the State of Alaska, Division of Retirement and Benefits regarding address changes and account information, to ensure proper and timely processing of deposit transactions. In signing this form, until further notice, I authorize the State of Alaska to directly deposit my retirement benefits payments into the account I have designated above. I authorize the State of Alaska to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the designated account, including but not limited to amounts transferred after my death. If the funds have been withdrawn following my date of death, I authorize my financial institution to release to the State of Alaska the name and address of the person(s) responsible for withdrawing the funds.

Signature of Payee

Date

Alaska Division of Retirement and Benefits Electronic Direct Deposit Instructions

The State of Alaska, Division of Retirement and Benefits (DRB) is pleased to offer you the convenience of electronic deposit of your monthly retirement benefit. Please follow these instructions to complete your Direct Deposit Request. This offer to participate in electronic direct deposit complies with AS 37.25.050 and 2 AAC 15.130. By submitting this form you are authorizing the DRB to transmit any retirement benefits due by electronic funds transfer to the designated account.

If at any time the amount of benefits deposited exceeds the amount of benefits actually due and payable to you, you hereby authorize DRB to either:

- (1) Withhold a sum equal to the overpayment from future benefits; or
- (2) Recover such overpayment from the above-designated account.

This authorization remains in full force and effect until we receive written notification from you of its termination or when benefits are no longer payable.

INSTRUCTIONS

Section 1 – Check the appropriate box to indicate the type of authorization you are requesting.

- Choose **Start New Authorization** if you are a new retiree or have not previously set up a direct deposit account for your monthly benefit.
- Choose **Change Existing Authorization** if you would like to change the account number and/or financial institution of an existing account. Do not close your old account until your first payment is deposited into your newly designated account and/or financial institution.
- Choose **Cancel Existing Authorization** if you would like to cancel your current direct deposit and receive your check through the U.S. Mail.

Section 2 – Member Information

- Please check whether or not the address you are writing on this document is new.
- Print your **First Name, Middle Initial, and Last Name**, as well as your **Social Security Number** or **Retirement Identification Number (RIN)**.
- Print your **Mailing Address, City, State and Zip Code**, as well as a **Daytime Phone Number**.
- **Multiple Retirement Benefits Information** – Indicate which retirement benefit(s) you want affected by this change. If you are unsure how to complete this section, please contact the Retiree Payroll Section at the numbers listed at the top of the form.

Section 3 – Bank Account Information

- Enter the **Routing Number** and the **Account Number**.
- Indicate whether you wish to have funds deposited into either your checking or savings account. **Select only one.**
- **If you select Checking**, attach a voided, pre-printed personalized check with your name and address in the space indicated. If you are not able to provide a voided, pre-printed personalized check you will need to bring the form to your financial institution and have them complete the Financial Institution information in the box.
- **If you select Savings**, you will need to bring the form to your financial institution and have them complete the Financial Institution information in the box.

Note: Your financial institution must be a member of the Automated Clearing House Association to accept a direct deposit from DRB. DRB cannot make direct deposits to a bank or financial institution outside of the United States.

Section 4 – Applicant Certification

- **Sign** your legal name as the authorizing payee or authorized legal representative. **Date** the form with the current date. All requested information must be completed and form **must be signed** to initiate an electronic deposit. Items left blank will delay processing the transfer of funds. Authorized legal representatives must have appropriate documentation on file with DRB.

Submitting the form

- You may fax the form to the fax number listed at the top of the form.
- You may scan and then email the form to doa.drb.payroll@alaska.gov.
- You may mail the form to the address listed at the top of the form, attention “Retiree Payroll Section.”