Commonwealth of Pennsylvania - Public School Employees' Retirement System

5 N 5th Street
Harrisburg PA 17101-1905
Toll-free: 1.888.773.7748
www.psers.state.pa.us
Fax: 717.772.3860
PSRS-116 (03/2015)

Authorization for Direct Deposit – Electronic Transfer of Monthly Benefit

Mail Center

Instructions: The payee must complete this form. All entries must be typed or legibly printed in black ink.

Payee Name	
Social Security No.	
Gender	
Date of Birth	
Former Last Name (only if used in this system)	

Which monthly pension account(s) does this affect? *(check all appropriate box(es))*

☐ My retirement benefit ☐ Benefit I receive as a survivor annuitant ☐ Divorce Benefit

Payee Agreement: I hereby authorize and request the Pennsylvania Public School Employees' Retirement System (PSERS) to direct the net amount of my monthly benefit for electronic deposit to the financial institution and account number indicated below. This authorization is not an assignment of my right to receive payment from PSERS. This form supersedes all previous electronic transfer requests and revokes all prior payment arrangements I may have made with PSERS. In the event of my death, the financial institution shall refund to PSERS any payments that were credited after the date of death and which were not legally payable, as determined by PSERS.

The authorization will remain in effect until I give written notice of its termination to PSERS in such time and in such manner as to allow PSERS a reasonable opportunity to act upon it. I agree to notify PSERS if I wish to change the designated financial institution or account to which my net pay is to be deposited sixty (60) days prior to the effective date of such change. I understand the financial organization reserves the right to cancel this agreement by notice to me.

Payee's Signature *(required)*	**Date Signed**

Depositor Account Number

Name of Financial Institution

Area Code/Telephone Number ( ) – –

Address of Financial Institution

City

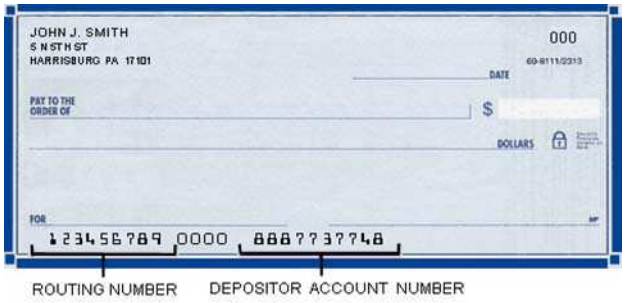
State

Zip Code *(Optional)*

Routing Number

Account Type to be Credited *(check one)*

☐ Checking ☐ Savings

NOTE: *Routing number should be the first 9 digits of the number at the bottom left on your check. See example for location of Routing Number and Depositor Account Number.*

If you are unsure which numbers to use, please contact your financial institution to clarify the appropriate information.