

Direct Deposit System Form

DIRECTIONS

This form is for receiving electronic payments from the General Employees' Retirement Fund.

If you are a Power of Attorney or guardian, you must attach a copy of your legal documentation.

STEP 1

Complete the form by typing information or print in ink and sign.

STEP 2

Submit your form:

- A) During business hours,
Monday – Friday
8:00 AM – 4:00 PM,
With a photo ID
- B) By faxing to:
813-274-7289
- C) By mailing to: General
Employees'
Retirement Fund 306
E Jackson St, 7E
Tampa FL 33602

STEP 3

Forms are processed during mid month. Any forms received **after** processing, will be held and processed for the following month.

You may call us for deadline updates: 813-274-7850

THANK YOU!

OFFICE USE ONLY

Date Received: _____
Received By: _____
ID Verified: _____
Date Scanned: _____

PART A. MEMBER INFORMATION

Member Name: _____ Last 4 Digits of Social Security: _____ Pension ID: _____
Address: _____
Phone Number: _____ Email: _____

PART B. CANCEL CHANGE DISTRIBUTE TO 2 ACCOUNTS only complete 1 & 2 for split accounts

| | | | |
|-------------------|------------------|----------|---------|
| 1. Account: _____ | 1. Amount: _____ | Checking | Savings |
| 2. Account: _____ | 2. Amount: _____ | Checking | Savings |

PART C. ACCOUNT INFORMATION - ATTACH A VOIDED CHECK Checking Savings

Bank Name: _____

[Attach a **voided check** here]
we cannot accept a deposit slip or starter checks
If you do not have a voided check, please include a letter from your bank with your printed name, address, routing number and account number on their letterhead.

PART D. CERTIFICATION

I hereby authorize the General Employees' Retirement Fund to deposit payments into my account in the financial institution(s) shown above. I agree to provide written notification to the Fund if this information changes. I acknowledge that I understand, if notification is received after processing for the month, it will not be processed until the following month. I also authorize the General Employees' Retirement Fund to make adjustments to my account to correct any credit entries made in error.

I am the member

I am a Power of Attorney or guardian, and documentation is attach or is on file

Signature _____
Date

OFFICE USE ONLY

Processed By: _____ Checked By: _____ Date Complete: _____