



# SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746  
614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

## DIRECT DEPOSIT FORM

Recipient's Name: \_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

Direct deposit is mandatory for all payments. Please select either a checking or savings account for your SERS payment to be deposited. Your name must be listed as an owner on the selected account.

**I wish for my SERS payment to be deposited to the following account:**

- CHECKING
- SAVINGS

Name of Financial Institution: \_\_\_\_\_

You must attach either a **voided check or letter from your bank for a checking account or a letter from your bank for a savings account\***, which is pre-printed with:

- Your name, listed as an owner of the account
- Your address
- Routing and account numbers

**\*SERS cannot accept a voided check for a savings account.**

If you are receiving payments from more than one SERS account, please select all accounts to be updated. If none are selected, **all** accounts will be updated.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Service Retirement | <input type="checkbox"/> Disability Benefit | <input type="checkbox"/> Survivor Benefit |
| <input type="checkbox"/> Reemployed Annuity | <input type="checkbox"/> Alternate Payee    | <input type="checkbox"/> One Time Payment |

I, the undersigned, authorize SERS to transmit my payments to the above-named financial institution; recover directly from the financial institution any payments electronically deposited to my financial institution to which I am not entitled; and authorize and direct my financial institution on my behalf or on behalf of my estate to refund such benefit overpayments to SERS, and charge it accordingly to my account. I also authorize my financial institution to provide SERS with account information to assist in recovery of such benefit overpayments, including information about any joint account holders and account transactions occurring after my death. I attest that I am an owner of the account.

\_\_\_\_\_  
**RECIPIENT'S SIGNATURE\* (DO NOT PRINT)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**RECIPIENT'S PHONE NUMBER**

\*If this form is signed by a power of attorney (POA) or guardian, the POA or guardianship documents must be on file with SERS. A POA should sign as follows: *Your name, POA for Recipient's Name.*

**FOR DEPOSIT TO A CHECKING ACCOUNT**

Tape a voided check here.

SERS does not accept temporary checks or deposit slips.