



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: _____ Social Security Number: _____

Address _____

City _____ State _____ ZIP _____ Phone Number _____

DIRECT DEPOSIT INFORMATION

- Payments can be made to a checking or savings account; choose only **one** account.
- Your name must be on the account.
- Forms received by the 15th of the month will be processed for payment the following month.
- If this form is being 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.*

CHOOSE ONE OF THE FOLLOWING:

CHECKING **SAVINGS** - contact your financial institution for the nine-digit routing or transit number.

Name of Financial Institution _____ Phone Number _____

Account No: _____ Nine-digit routing or transit number

To deposit your payment to a checking account, you must attach either **A VOIDED CHECK PRE-PRINTED WITH YOUR NAME AND ADDRESS** to the section provided on the back page of this form or **A LETTER FROM YOUR BANK CONFIRMING THAT YOU ARE THE OWNER OF THE BANK ACCOUNT AND INCLUDE THE ROUTING AND ACCOUNT NUMBERS**. To deposit your payment to a savings account, you must attach **A LETTER FROM YOUR BANK CONFIRMING THAT YOU ARE THE OWNER OF THE BANK ACCOUNT AND INCLUDE THE ROUTING AND ACCOUNT NUMBERS**.

If you are receiving payments from more than one SERS account, please indicate all accounts you want updated with the above direct deposit information. If none are selected, all accounts will be updated.

- Service Retirement Account Disability Allowance Account Survivor Benefit Account
 Reemployed Annuity Account Alternate Payee

Forms may be faxed to 614-222-5828.

RECIPIENT'S SIGNATURE

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

FOR DEPOSIT TO A CHECKING ACCOUNT

Tape a voided check here.

SERS does not accept temporary checks or deposit slips.