



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746
614-222-5853 • Fax 614-222-5828 • Toll-Free 800-878-5853 • www.ohsers.org

DIRECT DEPOSIT FORM

If your first day of retirement begins on or after Jan. 1, 2013, you must complete this form. Pensions are only paid by electronic transfer to savings or checking accounts.

Recipient's Name _____ Social Security Number _____

Address _____

City _____ State _____ ZIP _____ Phone Number _____

Your pension payment will be available on the first of every month only by direct deposit. Your first, and possibly second, pension check will be sent to your home.

Name of Bank _____

Address _____

City _____ State _____ ZIP _____ Phone Number _____

Choose **one** of the following:

Checking Account
Voided check must be attached.

Savings Account
Account Number _____
Nine-digit routing or transit number
□ □ □ □ □ □ □ □ □

Tape or staple a voided check here.

No deposit slip.

To fax this form, please attach voided check, and make a photocopy.

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.

RECIPIENT'S SIGNATURE (DO NOT PRINT)

DATE