



**City Of Phoenix Employees Retirement System**  
**DIRECT DEPOSIT – PENSION CHECK**

Return Form to:  
 200 W Washington St, 10<sup>th</sup> Floor  
 Phoenix, AZ 85003

Phone (602) 534-4400 Fax (602) 495-2008

PART I - <input type="checkbox"/> Start New Authorization <input type="checkbox"/> Change Existing Authorization <input type="checkbox"/> Cancel Authorization			
PART II – <b>Member Information</b>		New Address?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME		FIRST NAME	MIDDLE INITIAL
DAYTIME PHONE NUMBER	SOCIAL SECURITY NUMBER	EMPLOYEE ID	
MAILING ADDRESS		CITY	STATE    ZIP CODE
<b>PART III – U. S. BANK/FINANCIAL INSTITUTION INFORMATION</b>			
Deposit Directly into my: (Please check only one)			
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	Amt or Percentage _____	
Banking Institution: _____			
Routing # _____	Account # _____		
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account		
Banking Institution: _____			
Routing # _____	Account # _____		
<b>NOTE: CHECKING ACCOUNTS REQUIRE AN ORIGINAL VOIDED CHECK BE ATTACHED</b>			
NOTE: FOR DEPOSITS INTO TWO ACCOUNTS, A SPECIFIED DOLLAR AMOUNT OR % OF MONTHLY PENSION MUST BE SPECIFIED INTO YOUR FIRST ACCOUNT. THE BALANCE OF THE PENSION PAYMENT WILL BE DEPOSITED INTO THE SECOND ACCOUNT LISTED.			
<b>Requests for changes received after the 20<sup>th</sup> of the month will be processed the following month</b>			
<b>PART IV – Authorization &amp; Signature</b>			
<b>IMPORTANT – Any change or error in the request for direct deposit may result in a delay of processing time</b>			
ANY CHANGE TO YOUR DIRECT DEPOSIT WILL RESULT IN A PRENOTE TRANSACTION BEING CREATED. THE PRENOTE PROCESS IS DONE TO DETECT ANY PROBLEMS WITH YOUR BANK TRANSIT AND ACCOUNT NUMBERS. NORMALLY, YOUR ACCOUNT WILL BE PRENOTED FOR ONE PAY PERIOD. YOU WILL RECEIVE A REGULAR CHECK SENT TO YOUR MAILING ADDRESS DURING THE PRENOTE PERIOD.			
I HEREBY AUTHORIZE THE CITY OF PHOENIX CONTROLLER TO INITIATE CREDIT ENTRIES AND, IF NECESSARY, DEBIT ENTRIES TO ADJUST ERRONEOUS CREDIT ENTRIES, TO MY CHECKING AND/OR SAVINGS ACCOUNT(S) AS INDICATED ABOVE AND THE DEPOSITORY/DEPOSITORIES NAMED ABOVE, TO CREDIT AND/OR DEBIT THE SAME TO SUCH ACCOUNT(S). THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL YOU HAVE RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION.			
Member Signature <b>X</b>		Date	Effective Date

Revised 08/2021

