



*Building your financial future*

# Direct Deposit Authorization Form

**DIRECTIONS**

*This form is for members who would like to receive electronic payments from the RRS.*

*If you are a Power of Attorney or guardian, please attach a copy of your Power of Attorney or guardianship papers.*

**STEP 1**

Please fill out your form, typed or printed in ink, and remember to sign.

**STEP 2**

Submit your form...

...during our walk-in hours, Monday thru Friday, 10AM-12PM and 1PM-3PM, with a Photo ID

or

...by mailing your form to:  
Richmond Retirement System  
730 E. Broad Street, Suite 900  
Richmond, VA 23219

**STEP 3**

Forms are processed the 15th of each month. The month that this form is processed, you will receive a paper check.

The month after you receive a paper check, you will begin to receive payments by direct deposit.

Please remember to ensure that your address is up-to-date by submitting a *Name and/or Address Change Form*.

**THANK YOU!**

RRS USE ONLY

Form revised June 2021

**PART A. MEMBER INFORMATION**

Member Name

Social Security #

Mailing Address

City/State/ZIP

Phone Number

Email Address

**PART B. ACCOUNT INFORMATION - ATTACH A VOIDED CHECK**

Bank Name

This is a checking account       This is a savings account

[Attach a voided check here, not a deposit slip. If you do not have a voided check, please include a letter from your bank with your routing number and account number.]

**PART C. CERTIFICATION**

**I hereby authorize the RRS to deposit payments into my account in the financial institution shown above. I agree to provide written notification to the RRS of any changes if this information changes, and I acknowledge that if notification is received after the 15th of the month, it will not be processed until the following month. I also authorize the RRS 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 attached

\_\_\_\_\_  
Signature

Date