5 N 5th Street Harrisburg PA 17101-1905 Toll-free: 1.888.773.7748 www.psers.pa.gov Fax: 717.772.3860

PSRS-116 (04/2020)

Authorization for Direct Deposit – Electronic Transfer of Monthly Benefit



Mail Center

Instructions: The payee must complete this form. All entries must be typed or legibly printed in black ink.

instituctions: The payee	mast complete this form. 7th chine	- Indot bo typod o		SOK IIIK.
Payee Name				
SSN or PSERS ID				
Date of Birth				
Which monthly pension a	account(s) does this affect? (check	all appropriate bo	xes)	
☐ My retirement benef	, ,		,	☐ Divorce benefit
direct the net amount of This authorization is not transfer requests and re	reby authorize and request the Penimy monthly benefit for electronic de an assignment of my right to receivevokes all prior payment arrangement of PSERS any payments that were controlled to the property of the payments of the payments and payments that were controlled to the payments and payments that were controlled to the payments and payments that were controlled to the payments and payments and payments and payments are payments.	eposit to the finange or payment from Forts I may have ma	cial institution and ac PSERS. This form su de with PSERS. In t	count number indicated below. persedes all previous electronic the event of my death, the financial
allow PSERS a reasona or account to which my	main in effect until I give written not ible opportunity to act upon it. I agre net pay is to be deposited sixty (60) serves the right to cancel this agree	ee to notify PSER days prior to the	S if I wish to change effective date of such	the designated financial in stitution
Payee's Signature – Print this form, sign and date it, and return it to Pa				Date Signed
Depositor Account Number			'	
Name of Financial Institution	1		Telephone Number of F	Financial Institution (include area code)
Address of Financial Institut	ion			
City		State	ZIP Code -	+4 (Optional)
Routing Number	Account Type to I	oe Credited (check one))	
		Checking	Savings	
number at the bottom lef for location of Routing No Number. If you are unsure which r	should be the first 9 digits of the ton your check. See example umber and Depositor Account	S NOTH HARRIS PAYTOT ORDISO FOR	BURG PA 17101	000 DATE
your financial institution t information.	о стапту ите арргорпате			R ACCOUNT NUMBER