



Toll-Free: (800) 821-2251
drb.alaska.gov

Electronic Direct Deposit Authorization for Retirement and Benefits

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

FOR OFFICE USE ONLY

BEFORE COMPLETING THIS FORM, PLEASE READ THE INSTRUCTIONS ON PAGE TWO. If your form is received in our office after the fifth of the month, your next benefit payment may be issued by check due to the processing time required to verify your banking information. If the box below is not checked and your account is closed before the change takes effect, your direct deposit may be returned to the State of Alaska, resulting in a 7- to 10-business-day delay before your retirement benefit is issued by check to the address on record.

If your bank account has been compromised, please contact us immediately so we can ensure your next benefit is not sent to the incorrect account.

SECTION I. TYPE OF CHANGE

☒ Check this box if the bank account on file has already been closed.

☐ Start New Authorization ☐ Change Existing Authorization ☐ Cancel Existing Authorization

SECTION II. MEMBER INFORMATION

NAME (FIRST/ M.I. / LAST)			RETIREMENT IDENTIFICATION NUMBER (RIN) OR LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	
MAILING ADDRESS				
			Address change? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY	STATE	ZIP	DAYTIME TELEPHONE NUMBER	
Multiple Retirement Benefits: Please specify which benefit account you would like your direct deposit authorization change request to affect. Unless specified otherwise, your direct deposit authorization will apply to all retirement benefit plans you receive. <input type="checkbox"/> ALL Benefits <input type="checkbox"/> PERS <input type="checkbox"/> TRS <input type="checkbox"/> JRS <input type="checkbox"/> NGNMRS <input type="checkbox"/> EPORS <input type="checkbox"/> Other _____				

SECTION III. BANK ACCOUNT INFORMATION

Before completing this section, please read the instructions in "Section III. Bank Account Information" on page two of this form.

OLD BANKING INFORMATION		ACCOUNT NUMBER CURRENTLY ON RECORD	
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
NEW BANKING INFORMATION	ROUTING NUMBER	ACCOUNT NUMBER	
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
If you have selected Checking , attach a voided, pre-printed personalized check (no deposit slips) to this agreement. If you do not wish to attach a voided check or if your checks are not personalized with your name and address, please have your financial institution complete the information below. Do not attach a deposit slip. If you have selected Savings , please have your financial institution complete the information below.			
NAME OF FINANCIAL INSTITUTION		BRANCH TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
I confirm the identity of the above-named payee and that the payee is an account holder on the account number indicated above. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.			
SIGNATURE OF BANK REPRESENTATIVE		PRINTED NAME OF BANK REPRESENTATIVE	DATE

An original, handwritten signature is required on this form. Electronic signatures will not be accepted.

SECTION IV. APPLICANT CERTIFICATION

I certify I have read and understood the information on this form and on the accompanying instructions. I authorize the designated financial institution to provide information to the State of Alaska, Division of Retirement and Benefits regarding address changes and account information, to ensure proper and timely processing of deposit transactions. In signing this form, until further notice, I authorize the State of Alaska to directly deposit my retirement benefits payments into the account I have designated above. I authorize the State of Alaska to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the designated account, including but not limited to amounts transferred after my death. If the funds have been withdrawn following my date of death, I authorize my financial institution to release to the State of Alaska the name and address of the person(s) responsible for withdrawing the funds.	
SIGNATURE	DATE

An original, handwritten signature is required on this form. Electronic signatures will not be accepted.
Please note that any alteration or unauthorized addition to this form will invalidate the form.

Alaska Division of Retirement and Benefits

Electronic Direct Deposit Instructions

The State of Alaska, Division of Retirement and Benefits (DRB) is pleased to offer you the convenience of electronic deposit of your monthly retirement benefit. Please follow these instructions to complete your Direct Deposit Request. This offer to participate in electronic direct deposit complies with AS 37.25.050 and 2 AAC 15.130. By submitting this form you are authorizing the DRB to transmit any retirement benefits due by electronic funds transfer to the designated account.

If at any time the amount of benefits deposited exceeds the amount of benefits actually due and payable to you, you hereby authorize DRB to either:

1. Withhold a sum equal to the overpayment from future benefits; or
2. Recover such overpayment from the above-designated account.

This authorization remains in full force and effect until we receive written notification from you of its termination or when benefits are no longer payable.

INSTRUCTIONS

SECTION I. TYPE OF CHANGE

Check the appropriate box to indicate the type of authorization you are requesting.

- Choose **Start New Authorization** if you are a new retiree or have not previously set up a direct deposit account for your monthly benefit.
- Choose **Change Existing Authorization** if you would like to change the account number and/or financial institution of an existing account. Do not close your old account until your first payment is deposited into your newly designated account and/or financial institution.
- Choose **Cancel Existing Authorization** if you would like to cancel your current direct deposit and receive your check through the U.S. Mail.
- **Multiple Retirement Benefits Information:** Indicate which retirement benefit(s) you want affected by this change. If you are unsure how to complete this section, please contact the Retiree Payroll Section at the numbers listed at the top of the form.

SECTION II. MEMBER INFORMATION

- Print your **First Name, Middle Initial, and Last Name**, as well as your **Social Security Number** or **Retirement Identification Number (RIN)**.
- Print your **Mailing Address, City, State** and **Zip Code**, as well as a **Daytime Phone Number**.
- Please check whether or not the address you are writing on this document is new.

SECTION III. BANK ACCOUNT INFORMATION

Old Banking Information

- Provide your current Direct Deposit Information (Account Type and Account Number) on Record with the Division.
- Providing your old banking information currently on record with the Division will decrease processing time and help to prevent fraudulent activity.
- If old banking information is not provided, the Division may need to request additional information which could delay the processing of your direct deposit.

New Banking Information

- Indicate whether you wish to have funds deposited into your checking or your savings account. **Select only one.**
- Enter the **Routing Number** and the **Account Number**.
- If you select **Checking**, attach a voided, pre-printed personalized check with your name and address on a separate sheet of paper attached to the form. If you are not able to provide a voided, pre-printed personalized check, take this form to your financial institution and have them complete the Financial Institution information in the space indicated. Do not attach a deposit slip; we are unable to process your request with a deposit slip.
- If you select **Savings**, you must take the form to your financial institution and have them complete the **Financial Institution** information in the space indicated. Do not attach a deposit slip; we are unable to process your request with a deposit slip.
- If you are not able to go to your financial institution, you may provide your direct deposit information obtained from your financial institution's website. Ensure the information includes your name, the financial institution's routing number, and your account number.

NOTE: Your financial institution must be a member of the Automated Clearing House Association to accept a direct deposit from DRB. DRB cannot make direct deposits to a bank or financial institution outside of the United States.

SECTION IV. APPLICANT CERTIFICATION

- **Sign** your legal name as the authorizing payee or authorized legal representative. **Date** the form with the current date. All requested information must be completed and form **must be hand-signed** to initiate an electronic deposit. Items left blank will delay processing the transfer of funds. Authorized legal representatives must have appropriate documentation on file with the Division of Retirement and Benefits. Authorized legal representatives must utilize proper execution when signing on behalf of the recipient.

SUBMITTING THE FORM

- You may fax the form to the fax number listed at the top of the form.
- You may scan and then email the form to doa.drb.retireepayroll@alaska.gov.
- You may mail the form to the address listed at the top of the form, attention "Retiree Payroll Section."