



The Educational Employees' Supplementary Retirement System of *Fairfax County*  
 8001 Forbes Place, Suite 300 Springfield, VA 22151-2205  
 703-426-3900 844-758-3793 www.fcps.edu/erfc

## Direct Deposit Authorization

**Complete this form**

1. To request the direct deposit of your ERFC funds to your financial institution
2. To designate a different financial institution for an existing direct deposit arrangement with ERFC.

Please allow at least 30 days for your requested change/s to take effect. Changes to the distribution and/or designation of your funds cannot be authorized until ERFC processes your written request and verifies your voided check to initiate the new deposits with your financial institution.

Please check  **Status:**     Retiree     Beneficiary     Legal Guardian\*

**Request:**  Direct Deposit (New/First Time)     Direct Deposit (Change of Financial Institution)

\*If you are submitting this form as a legal guardian or with power of attorney for an ERFC retiree or beneficiary, you must include a certified copy of your power of attorney or guardianship papers accordingly.

Last Name	First Name	MI	Social Security Number	
Street Address	Apt. Number	City	State	Zip Code
Email Address			Phone Number (+area code)	

I hereby authorize the Educational Employees' Supplementary Retirement System of Fairfax County (ERFC) to initiate direct deposit credit entries to my (Check  One): **Checking Account**     **Savings Account**  and for the financial institution indicated below to credit the same to such account.\*\* This authority will remain in full force and effect until ERFC receives my written notification of its termination, in a time and manner that affords ERFC reasonable opportunity to act on it.

\*\*If money to which I am not entitled is deposited into my account, I authorize ERFC to direct the bank to return those funds.

Name of Financial Institution (Bank / Saving & Loan / Credit Union)	Branch		
Financial Institutions Address	City	State	Zip Code
Transit / ABA Number <small>(Normally the first nine digits in the lower left-hand corner of your check Contact your financial institution to verify your number)</small>	Your Account Number		
Signature (Required for Authorization)	Date		

**Please attach a voided Check  
from your account here**

To authorize the direct deposit of your ERFC retirement annuity payments, you **must** provide a voided check PREPRINTED with your name on it. Name handwritten or typed not accepted