



Building your financial future

Direct Deposit Authorization Form

DIRECTIONS

This form is for members who 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.

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 December 2023

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