

# Electronic Deposit Authorization



Spokane Employees' Retirement System  
 Firefighters' Pension Fund  
 Police Pension Fund  
 808 W. Spokane Falls Blvd., Ste. 604  
 Spokane, WA 99201-3324  
 509.625.6330 FAX 509.625.6861

Use this form to designate or change your bank account with the retirement system. Please print and return the completed form to the Retirement Office. This form **replaces** any previous form submitted.

**Electronic deposit forms must be received in the Retirement Office by the 10th of the month to guarantee it will be processed for the current month.**

## Member Information

Name	Social Security or Employee ID Number		
Mailing Address	City	State	Zip Code
Telephone Number	Email address (optional)		

## Banking Information

### Primary Bank/Credit Union

Check One <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check one: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> No Change <input type="checkbox"/> Cancel
Bank Name	Amount \$ OR Percentage %
Routing Number	Account Number

## Banking Information (Optional)

### Secondary Bank/Credit Union

Check One <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check one: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> No Change <input type="checkbox"/> Cancel
Bank Name	Amount \$ OR Percentage %
Routing Number	Account Number

**NOTE: If a voided check from the account is not included with this form, your first monthly check after this change will be mailed to the address we have on file for you. Subsequent monthly payments will be directly deposited to your new account.**

I hereby authorize The City of Spokane to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my bank account(s) as described above and to credit or debit the same from such account(s). I acknowledge that this authority will remain in effect until I have cancelled it in writing and that the origination of ACH transactions to my account(s) must comply with the provisions of U.S. law. I further understand that I am responsible for directing and designating the deposit of funds to the correct account(s) and for any payments that are insufficient or late because of the lack of funds deposited or because of the timing of my pension check. I agree to hold the City harmless from any liability caused by depositing my check as I have directed.

Signature	Date
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