



District of Columbia Retirement Board (DCRB) Benefits Department

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www.dcrb.dc.gov

Electronic Funds Transfer Authorization

This form authorizes the DCRB to send payments to the designated account. This document remains in effect until cancelled in writing prior to the distribution being processed. Please allow thirty (30) to sixty (60) days after this authorization is received by the DCRB for payments to be deposited. If you have any questions, please contact the DCRB Member Services Center at the numbers referenced above.

Section I: General Information

Plan Type: Fire Police Teacher Social Security Number: _____ - _____ - _____
Last Name: _____ First Name: _____ MI: _____
Mailing Address: _____
Street City State Zip Code
Primary Phone Number: _____ - _____ - _____ E-Mail: _____

Section II: Account Information

Important: *The account listed in this section must be in the name of the DCRB annuitant or, if deceased, the beneficiary recipient.*

Name of Financial Institution: _____
Mailing Address: _____
Street City State Zip Code
Name of Contact Person: _____ Phone Number: _____ - _____ - _____
Routing Transit Number: _____ Account Number: _____
Account Type: Checking *(You must attach a voided blank check for this request to be processed. Do not attach a deposit slip.)*
 Savings *(Provide a copy of a recent statement with your routing transit and account number information.)*

Section III: Authorization

I hereby authorize the DCRB to deposit my pension benefit funds into my account listed above.

Signature: _____ Date: _____
(This document must be signed in the presence of a Notary Public.)

Printed Name: _____

Section IV: Notary Public Verification

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20_____. (SEAL)

Signature of Notary _____ Commission Expires _____

