



District of Columbia Retirement Board (DCRB)

Benefits Department

900 7th Street, NW, 2nd Floor • Washington, DC 20001

Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001

Electronic Funds Transfer (EFT) Authorization

This form authorizes DCRB to send payments electronically to the designated account at the financial institution named below. This authorization remains in effect until changed or cancelled in writing. Please allow up to sixty (60) days after this authorization is received by DCRB for payments to be deposited. If you have any questions, please contact the DCRB Member Services Center at the numbers above.

INSTRUCTIONS: Please complete Section I, II and III. For your request to be processed timely, you must submit either: a voided check (a deposit slip is not acceptable), a recent redacted account statement, or an official account letter from your financial institution, all of which must include the name of the accountholder(s) and routing and account numbers. Sign and date the authorization in Section III and return this form with any required document to the DCRB Benefits Department via mail, fax, by secure email, or submitting the form directly on DCRB's website.

Section I: Payee Information

Last Name: _____ First Name: _____ MI: _____

Home Address: _____
Street City State Zip Code

Primary Phone Number: _____ Email: _____

Last 4 of Social Security Numbers: _____ EmplID: _____

Plan: Police Officer Firefighter Teacher

Payee Type: Retired Annuitant Survivor Annuitant One-Time Beneficiary Alternate Payee

Section II: Account Information

THE ACCOUNT MUST BE IN THE NAME OF THE PAYEE (PLAN ANNUITANT, BENEFICIARY, OR ALTERNATE PAYEE).

Financial Institution: _____

Account Type: **Checking** (attach a voided check or official account letter from your financial institution)
 Savings (attach a recently redacted statement or official account letter)

Routing Number (9 digits): _____ Account Number: _____

Section III: Authorization

If you are an authorized legal representative acting on behalf of the Payee, you must sign the authorization. The account must indicate the Payee's name and/or the fiduciary relationship.

I hereby authorize DCRB to deposit my payment into the account designated above.

Signature: _____ Date: _____
Payee or DCRB approved legal representative

Any false statement or fraudulent claim is subject to civil and criminal penalties, including imprisonment, under Federal and District laws.