



Did you know ERFCDirect is your online account portal? Access your personal information at www.erfc.direct



3110 Fairview Park Drive, Suite 300
Falls Church, VA 22042
703-426-3900 | erfcension.org

Direct Deposit Authorization

I am a (check one): <input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary <input type="checkbox"/> DRO Recipient <input type="checkbox"/> Legal Guardian* * Legal guardians must include a certified copy of your power of attorney or guardianship papers accordingly.			
First name	Middle Initial	Last Name	Last 4 Digits of SSN
Mailing Address	City		State Zip Code
Email Address		Home Phone	Cell Phone

This is my current contact information. If it does not match what is on file with ERFC, please update.

Member Authorization and Signature

I hereby authorize ERFC to initiate direct deposit entries as follows and I certify that all information provided in this document is true. I understand that any willful falsification of facts presented may result in prosecution. This authority will remain in full force and effect until ERFC receives my written notification of its termination or I update my banking information through the secure online portal, ERFCDirect, in a time and manner that affords ERFC reasonable opportunity to act on it. Changes to the distribution and/or designation cannot be authorized until ERFC processes your request, receives the mandatory documents, and verifies the voided check to initiate the deposit.

In addition to the bank documentation below, you must attach a copy of your driver's license or passport to this form.

Note: Completed forms received on or prior to the 15th of the month will be effective immediately; forms received after the 15th of the month will be effective the following month.

I agree and understand that I or my estate will repay ERFC any overpayments.

Signature	Date
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Type of account (select one):

Checking Account -or- Savings Account

Please tape a voided check or attach the authorization letter issued by your bank. Documentation from your financial institution must contain the following:

- institution's name*
- account number*
- routing number*
- name(s) of the account holder(s)*