

DIRECT DEPOSIT INSTRUCTIONS

Please read all instructions carefully!

1. **Complete, sign and return the 'Direct Deposit Form'** to the Consolidated Retirement Board, Benefits Section, 4101 MacCorkle Ave SE, Charleston, WV 25304. Type or print clearly.
2. **Please allow 3 to 4 weeks for your direct deposit to become effective.** You will continue to receive your check each month at your current address until we have completed processing your direct deposit request. You will be notified by the Consolidated Public Retirement Board the month your Direct Deposit will begin. **For new retirees, only your FIRST retirement check will go to your home address.**
3. If you are **changing Financial Institutions or accounts**, submit this form to the Consolidated Public Retirement Board Office a few weeks in advance for the changes to become effective. **Do not close your old account until you have received a payment in the new account. This will help prevent a substantial delay in receiving your payment.**
4. If this Direct Deposit Form is signed by anyone other than a retiree, send the Consolidated Public Retirement Board a copy of the appointment of **Power of Attorney**, if not already on file with us.
5. The Consolidated Public Retirement Board should be notified immediately of any changes in your address, whether temporary or permanent. This will insure your receipt of all important mailings related to your pension.
6. **Check to make sure you have included the correct Social Security Number otherwise this will delay the processing of your request.**
7. You must send a **VOIDED CHECK** from your checking account, a deposit slip is not acceptable. For a savings account you must attach a letter from your Financial Institution or a deposit slip.
8. All payments will be deposited into your account on the 25th of each month (18th of the month for December) unless that day falls on a weekend or holiday, in which case the payments will be deposited the day prior to the holiday or weekend.
10. For any other questions regarding Direct Deposit, call the Consolidated Public Retirement at 1-800-654-4406.

PLEASE READ CAREFULLY IF YOU ARE A JOINT ACCOUNT.

Joint account holders should immediately advise both the Consolidated Public Retirement Board and their Financial Institution of the death of a payment recipient. Funds deposited after the date of death or ineligibility must be returned to the State. The Consolidated Public Retirement Board will then make a determination regarding survivor rights, calculate survivor benefits payments, if any, and begin payments.

Direct Deposit Form for Retirement

Consolidated Retirement Board/ Benefits Section

4101 MacCorkle Ave SE, Charleston WV 25304

Telephone: 1-800-654-4406 Fax: 304-558-5455 www.wvretirement.com

First Name:	<input type="text"/>	MI:	<input type="text"/>								
Last Name:	<input type="text"/>										
SSN:	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone #:	<input type="text"/>										
Address:	<input type="text"/>										
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>						

Financial Institution Information

Financial Institution Name:

Please select one: Start Direct Deposit Change of Financial Institution or Account

Please select one: Checking - Attach a voided check. Savings

I hereby authorize the State of West Virginia, hereinafter called State, to initiate credit entries as indicated on the form above. I further authorize the State to initiate debit entries as adjustments for credit entries made in error. This authority is to remain in effect until the State receives written notification from me of termination in such time and manner as to afford reasonable opportunity for action. The State will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this agreement.

I agree to comply with any guidelines proposed by my agency regarding electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed. I also hereby authorize the WV CPRB to change my address of record to the address indicated above.

Signature: _____

Date

PLEASE RETURN TO:

**Consolidated Public Retirement Board, Benefits Section
4101 MacCorkle Ave SE, Charleston, WV 25304**

To be completed by the Retirement Board.

POA papers on file:

Yes

No

I hereby certify that I am a representative of the Consolidated Public Retirement Board and authorized to certify the information listed and documentation provided with this agreement has been received from the retiree or their legal representative. I also certify that the SSN listed belongs to the individual entitled to receive the payment(s).

CPRB Representative's

Signature: _____

Date

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.