

HAMPTON EMPLOYEES' RETIREMENT SYSTEM

DIRECT DEPOSIT NOTIFICATION ENROLLMENT/CHANGE FORM

New Enrollment

Change/Update Banking Institution

1. Social Security #

2. Name (First)

(MI)

(LAST)

3. Address (Street)

(City)

(State)

(Zip)

4. Status

() Retired

() Beneficiary

5. Telephone #

()

COMPLETE TO ENROLL/ADD/CHANGE BANK ACCOUNTS - PLEASE PRINT

6. **Deposit Account #1**

Savings

Checking

7. **Banking Institution Name:**

Routing/ABA Number

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Specified dollar amount \$ _____ .00

8. Bank Account Number

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9. **Deposit Account #2**

Savings

Checking

10. **Banking Institution Name:**

Routing/ABA Number

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Specified dollar amount \$ _____ .00

Remainder of Net pay

Full pension

11. Bank Account Number

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DIRECT DEPOSIT IS REQUIRED

I hereby authorize the Hampton Employees' Retirement System (HERS) to initiate credit entries to my bank accounts specified above. My signature below indicates that I agree that I am the account holder or have the authority of the account holder to authorize transactions. This authority is to remain in effect until HERS receives written notification from me of its termination in such time and such manner as to afford HERS a reasonable opportunity to act on it.

Signature

Date

EMAIL ADDRESS: _____

DIRECT DEPOSIT NOTIFICATION

I N S T R U C T I O N S

This form should only be used to enroll and/or change banking information

Please allow 30-45 days for your change to take effect. There will be no change in the way your pension payments are being sent until we have completed processing this form.

1. Please type or print clearly.
2. Complete all sections 1-11 to begin and/or change your current direct deposit information
3. List your routing/ABA number in sections #7 & #10, when applicable. This is normally the first nine digits in the lower left-hand corner of your check. Ask your bank if you are
4. If you are requesting direct deposit to your checking account, you must include a **voided check** from your personal account. The slip must have your name pre-printed on it, (not typed or handwritten).
(If you are dividing your funds between two (2) different banks, attach required documentation)
5. If you would like a part of your funds to be forwarded to a second bank, list the required information as Deposit Account #1.
6. Under Deposit Account #2, check the box reading "Remainder of Net pay". The remainder of your funds will be deposited into this account.
7. Sign & date form.
8. Check to see that all required information has been entered on the form.
9. Return this form by mailing, faxing or email to:

Hampton Employees' Retirement System
22 Lincoln Street
Hampton, VA 23669
layers@hampton.gov or rylundy@hampton.gov
(757) 727-6262