



City of Phoenix Employees' Retirement Systems

Direct Deposit Form – Pension Check

COMPLETE AND SEND TO:

COPERS
200 W Washington
10th Floor
Phoenix, AZ 85003
Main: (602) 534-4400

PART I - Start New Authorization Change Existing Authorization Cancel Authorization

PART II – Member Information

New Address? YES NO

LAST NAME	FIRST NAME, MI	Empl ID #	Social Security #	Phone #
MAILING ADDRESS		CITY	STATE	ZIP CODE

PART III – U.S. BANK/FINANCIAL INSTITUTION INFORMATION

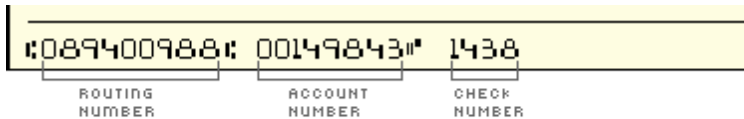
Deposit Directly into my: (Please check only one) Checking Account Savings Account
 NOTE: CHECKING ACCOUNTS REQUIRE AN ORIGINAL VOIDED CHECK BE ATTACHED

Banking Institution: _____

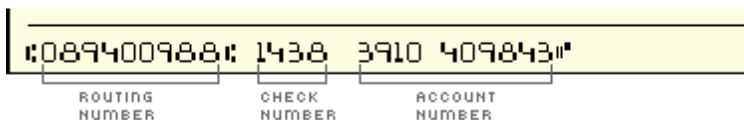
Routing # _____ Account # _____

The routing number is always 9 digits for a U.S. Check. See example below:

Example 1



Example 2



Requests for changes received after the 20th of the month will be processed the following month

PART IV – Authorization & Signature

IMPORTANT – Any change or error in the request for direct deposit may result in a delay of processing time

ANY CHANGE TO YOUR DIRECT DEPOSIT WILL RESULT IN A PRENOTE TRANSACTION BEING CREATED. THE PRENOTE PROCESS IS DONE TO DETECT ANY PROBLEMS WITH YOUR BANK TRANSIT AND ACCOUNT NUMBERS. NORMALLY, YOUR ACCOUNT WILL BE PRENOTED FOR ONE PAY PERIOD. YOU WILL RECEIVE A REGULAR CHECK SENT TO YOUR MAILING ADDRESS DURING THE PRENOTE PERIOD.

I HEREBY AUTHORIZE THE CITY OF PHOENIX CONTROLLER TO INITIATE CREDIT ENTRIES AND, IF NECESSARY, DEBIT ENTRIES TO ADJUST ERRONEOUS CREDIT ENTRIES, TO MY CHECKING AND/OR SAVINGS ACCOUNT(S) AS INDICATED ABOVE AND THE DEPOSITORY/DEPOSITORIES NAMED ABOVE, TO CREDIT AND/OR DEBIT THE SAME TO SUCH ACCOUNT(S). THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL YOU HAVE RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION.

Member Signature X	Date	Effective Date
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Revised 08/2021

Please staple voided check here