



Denver Employees Retirement Plan
 777 Pearl Street
 Denver, Colorado 80203
 Ph. – (303) 839-5419
 Fax – (303) 839-9525
 www.derp.org
 www.myderp.org
 mbrsvs@derp.org

DIRECT DEPOSIT CHANGE FORM

Name: _____
First Name, Middle Initial, Last Name

DERP ID: _____

Mailing Address: _____
Address, City, State, Zip Code

Primary Phone Number: _____

Social Security Number: _____
Last 4 digits

Email Address: _____

I would like to receive electronic direct deposit advices: YES NO

Please update the direct deposit information for my:

- Monthly Retirement Benefit
- Monthly DROP Disbursement
- Lump-sum DROP Disbursement

DIRECT DEPOSIT BANK INFORMATION

1. Attach a voided check -OR-
2. Attach a letter from your financial institution which clearly lists the routing and account numbers

| | |
|---|------------------|
| John Doe 123 Street Anywhere, USA | Date: _____ XXXX |
| Pay to the order of: _____ | \$ _____ |
| Bank Name _____ | |
| Memo: _____ | --- VOID --- |
| (Nine-Digit Routing Number) | (Account Number) |

3. The account is a Checking Account Savings Account (please select one)

I authorize DERP to automatically deposit monies into the account listed on the attached voided check or letter.

Signature: _____

Date: _____

State of _____)
 City of _____) ss.
 County of _____)

The foregoing instrument was signed and acknowledged before me this _____ day of _____, _____.

WITNESS my hand and official seal.

 Notary Public

My commission expires _____