



DIRECT DEPOSIT AUTHORIZATION



Phone: (757) 664-4738
 Email: retirement@norfolk.gov
 Website: www.norfolk.gov/retirement
 Form No: 3104
 Active No:

Single Direct Deposit. Complete Parts A, B and D only (skip C).
 Multiple Direct Deposit Instructions. Complete all parts. Specify a dollar amount or percentage in Part B. The balance will be deposited in Part C.
 Attach Voided Check. To avoid clerical errors, attach a Voided Check or Direct Deposit Slip showing the account information requested below.

PART A. MEMBER INFORMATION

1. Member Name (First, Middle Initial, Last)	2. Last 4 of SSN
3. Mailing Address (Street, City, State, Zip+4)	
4. Phone Number	

PART B. DIRECT DEPOSIT NO. 1

New Change Cancel

1. Financial Institution	2. Routing Number _____
3. Mailing Address (Street, City, State, Zip+4)	
4. Account Number	5. Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6. Special Instruction (Choose one) <input type="checkbox"/> Deposit Percent: _____% <input type="checkbox"/> Deposit Specific Amount: \$_____	

PART C. DIRECT DEPOSIT NO. 2 (OPTIONAL)

New Change Cancel

1. Financial Institution	2. Routing Number _____
3. Mailing Address (Street, City, State, Zip+4)	
4. Account Number	5. Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

PART D. AUTHORIZATION

1. Read Carefully I hereby authorize NERS to deposit my net pay into the accounts at the financial institution(s) listed above. I further authorize NERS to take all steps necessary to recover funds deposited in error.	
2. Signature	3. Date (m/d/yyyy)



Info

INFORMATION

A. **Retirees and Beneficiaries:**

1. **Mandatory Enrollment.** All retirees and beneficiaries are required to participate in the Direct Deposit program to receive their benefit payments.
2. **Pre-notification.** As part of the Direct Deposit pre-notification process, a paper check will be generated for each new or changed Direct Deposit. The check will be delivered by the U.S. Postal Service to the address on file.

B. **Authorization to Recover Funds Deposited in Error:**

By signing this form, you and each joint holder (if applicable) consent to allow the Norfolk Employees' Retirement System, through the financial institution, to debit the account and use any other lawful means to recover any benefit payment(s) to which you are not entitled.

C. **How do I know my pay has been deposited and how much was deposited?**

View your paycheck data in PeopleSoft Self-Service.

To verify Routing and Account Numbers navigate to:

Self-Service → Payroll and Compensation → Direct Deposit.

To verify Paycheck navigate to:

Self-Service → Payroll and Compensation → View Paycheck.

Visit www.norfolk.gov/retirement for more information.



D. **Garnishments:**

Retirees and beneficiaries whose pay or bank accounts are garnished will not be suspended from the Direct Deposit Program.

E. **Your Responsibilities:**

1. Before submitting form, you must verify with your Financial Institution that all information is accurate.
2. Each payday, you must verify that your Direct Deposit has occurred.
3. You must immediately notify NERS if you switch banks, your account is closed, or your account number changes and you must submit a new Direct Deposit Authorization form.

F. **Termination of Direct Deposit:**

NERS will terminate your direct deposit if the Financial Institution clearing house notifies NERS that a problem exists with your account or routing number.



Failure to promptly notify NERS of Direct Deposit account changes will cause a delay in receiving your total net pay. NERS must recover the funds before a replacement check can be issued.

