



## DIRECT DEPOSIT FORM

Please keep us informed of any change in your home address. The address on file will be used to keep you informed of any STRS Ohio changes that concern you.

Name \_\_\_\_\_ Social Security no. or  
STRS Ohio account no.

Address \_\_\_\_\_  
Street address or P.O. box number City State ZIP (+ four)

Home phone ( ) \_\_\_\_\_ Email address  
Area code

### DIRECT DEPOSIT TO BANK ACCOUNT (REQUIRED) (Choose one type of account.)

1. You must have a bank account on file with STRS Ohio to receive monthly benefits. **Your name must be on the account.**
2. To deposit your benefit in a checking account, please attach a voided check to this form or provide the account number and routing number in the box below.
3. To deposit your benefit in a savings account, contact your financial institution for the 9-digit routing or transit number and include it in the space below.
4. To deposit your benefit in an investment account, ask your investment plan to provide direct deposit information on a form or letter. Include a copy of the form or letter when you return this form.
5. You may complete this form and return it to STRS Ohio or you may update your bank information by logging in to your Online Personal Account at [www.strsoh.org](http://www.strsoh.org).

Benefits to which you are not entitled that are deposited to your bank account may be recovered by STRS Ohio directly from your financial institution by either reversing the electronic deposit or sending a written request for return of the benefits to your financial institution.

**CHECKING** (For a checking account, please see number 2 above):

Name of financial institution \_\_\_\_\_ Joint account holder

Financial institution phone ( ) \_\_\_\_\_  
Area code

<b>Tape voided check here (do not staple).</b>
<b>OR</b>
Account number _____
9-digit routing or transit number _____

**SAVINGS OR INVESTMENT ACCOUNT** (For investment account, please see number 4 above):

Account number \_\_\_\_\_ 9-digit routing or transit number

Name of financial institution \_\_\_\_\_ Joint account holder

Financial institution phone ( ) \_\_\_\_\_  
Area code

If you are receiving benefits from more than one STRS Ohio account, please indicate all accounts you want updated with the above direct deposit information. If none are selected, all accounts will be updated.  Retirement account  Survivor benefit account  Reemployed annuity account  Alternate payee

### SIGNATURE (REQUIRED)

This form must be returned by noon, seven business days before the end of the month to be effective with your next benefit payment. You can mail this form to STRS Ohio, 275 E. Broad St., Columbus, OH 43215-3771 or fax it to (614) 233-8713. If this form is signed by a power of attorney (POA) or guardian, we require either the POA or guardianship documents before the form can be accepted.

In signing this form, I am attesting that I am (or the benefit recipient is, if being signed by a POA) an owner of the account.

Benefit recipient's signature \_\_\_\_\_ Date \_\_\_\_\_