



Office of the New York State Comptroller
New York State and Local Retirement System
Employees' Retirement System
Police and Fire Retirement System
110 State Street, Albany, New York 12244-0001

Electronic Debit Authorization Form

(Rev. 3/14)

Authorization is: (check one)

New Change

Please complete the items below:

Payer Name: _____ Employer Code: _____

Report Code: _____ Type of Account: Checking Saving

Name on Account: _____

Bank Name: _____

Bank Account Number: _____

Bank Routing ID Number: _____

I certify that I have read and understand this Electronic Debit Authorization, allowing the New York State & Local Retirement System to debit funds from the designated bank account through an electronic fund transfer.

Authorized Official: _____ Title: _____
(Please type or print)

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

E-mail Address: _____

E-mail Address: _____

Signature: _____ Date: _____

Please return to:

New York State and Local Retirement System
ERS Reporting Unit
110 State St., 5th Floor
Albany, NY 12244-0001

FOR OFFICE USE ONLY:

Completed in "All Codes" database _____

Completed in "Low Codes" database _____

Completed in "4 Codes" database _____

Procedures For Completing Electronic Debit Form

These instructions apply to employers who have elected to participate in the Electronic Debit Program offered by the New York State & Local Retirement System (NYSLRS).

New Enrollments:

Please complete all information on this form. Check “NEW” at the top of the form. Submit the completed document directly to NYSLRS at the address provided.

The payer name on this form must be the municipality name. If you are using separate bank accounts for different report codes, you will need to file one authorization form for each report code.

Changes to Existing Enrollment Authorizations:

All changes require both your Payer name and Employer Location Code.

If you need to change your e-mail address, send an e-mail message, including your Payer name and Employer Location Code, from your new e-mail address to:

Member_Services_ACH@nyslrs.osc.state.ny.us.

If you need to change the financial institution information, check the “Change” at the top of the form and complete all information. Submit the completed document directly to NYSLRS at the address provided on this form.

Cancellations:

The agreement represented by this authorization remains in effect until canceled by the payer. To cancel, the payer must provide written notification to:

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