SERS
State Employees' Retirement System
srs.illinois.gov

2101 South Veterans Parkway
P.O. Box 19255
Springfield, IL 62794-9255

217-785-7444
Email: sers@srs.illinois.gov
Fax: 217-524-9039

Direct Deposit Account Number Change Request

For use when current routing number remains unchanged

Member/payee information

Name *(Last, first, middle)*

SSN *(last 4)* **or Member ID**

Address *(Street)*

Phone number(s)

(H)

(City, State, Zip)

(C)

Email address

Financial Institution information

Financial institution name

Account holders name(s)

New Account Type

☐ Checking account ☐ Savings account

Routing Number *(must be unchanged in order to proceed)*

New Account Number

By signing below, I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____ **Date** _____

(Also includes Power of Attorney – must attach document, or legal guardian – must attach court order)