

**EMPLOYEES' RETIREMENT SYSTEM OF THE STATE OF HAWAII**  
201 Merchant Street, Suite 1400  
Honolulu, Hawaii 96813-2980  
808-586-1735

**DIRECT DEPOSIT AGREEMENT**

<b>LAST Name:</b>		<b>SSN:</b>
<b>FIRST Name:</b>		<b>Middle Initial:</b>
<b>Mailing Address:</b> __ Check here if new address		<b>Day Phone:</b>

**Please read the instructions on the reverse side of this form before completing the Direct Deposit Agreement, ERS-210 form.**

**SECTION A –Account Information (May be completed by your financial institution for verification of information)**

*Pursuant to Section 88-91 Hawaii Revised Statutes, the Employees' Retirement System of the State of Hawaii (ERS) must directly deposit your pension into an account in your name. Entities such as Trust Accounts, Care Home Facilities, and Business Accounts cannot be used for ERS purposes.*

<b>Name(s) as it appears on your Account:</b>	
<b>Name of Financial Institution:</b>	<input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>
<b>Routing Number:</b>	<b>Direct Deposit (EFT) Account Number:</b>
<b>Financial Institution Certification (optional):</b>	
<b>Name of Agent:</b> _____	<b>Phone:</b> _____
<b>Signature:</b> _____	<b>Date:</b> _____

**SECTION B – Deposit Authorization and Agreement of All Account Holders**

By signing this form, the account holder(s):

- Authorize the ERS to automatically and directly deposit your ERS pension to your account at the Financial Institution named above in Section A.
- Authorize the ERS to make withdrawals from your account in the event that the ERS benefits have been deposited to the account in error, e.g., overpayments.
- Consent to the disclosure by the Financial Institution to the ERS of any information that the ERS requests to effectuate, administer, or enforce the authorized transactions.
- Agree not to hold the ERS responsible for any delay or loss of funds due to incorrect or incomplete information supplied by you or by your Financial Institution or due to an error on the part of Financial Institution in depositing funds to the account.

**Member's Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signatures (Joint Account Holder(s) ):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Representative:** If signing as Powers of Attorney (POA) Agent(s), Guardian, or Conservator, please check the box; and submit a copy of the document authorizing you to act in this capacity.

## **INSTRUCTIONS FOR DIRECT DEPOSIT AGREEMENT (FORM ERS-210)**

Hawaii Revised Statutes Section 88-6(a)(2), requires all retirees and beneficiaries of the Employees' Retirement System of the State of Hawaii ("ERS") to designate a financial institution into which the ERS shall be authorized to deposit their ERS retirement benefits.

All portions of the Direct Deposit Agreement (Form ERS-210) must be completed in order for the form to be valid. In addition, if there is any alteration of this form, a new form must be completed. You must submit a new form if there are any changes to your account (i.e. account number, account title, financial institution). The most recently dated form submitted to ERS will apply.

### **Section A – Account Information**

The retiree or beneficiary's name must appear on the account. ERS is required by law to deposit pension benefits into the retiree or beneficiary's account. Entities such as a Trust Account, Care Home Facility, and Business Accounts cannot be used for ERS purposes.

You may ask the representative of the financial institution to help complete and verify the account information in this section.

***IMPORTANT:** The account information provided will be used to direct deposit your ERS pension or refund. Incorrect information will cause a delay in your receiving your monies.*

### **Section B – Deposit Authorization and Agreements of All Account Holders**

By signing the Direct Deposit Agreement, you and all account holders authorize the ERS to automatically and directly deposit your ERS benefits to the Financial Institution named in Section A.

This section contains the agreements of everybody who is on the account, including the ERS retiree or beneficiary. The agreements in this section apply to all Account Holders even if they are not the retiree or beneficiary receiving ERS benefits.

The retiree or beneficiary signs as primary account holder. If the account is a joint account, please have all account holder(s) sign the form. Use an additional sheet if necessary. If you are representing the retiree or beneficiary, please ensure that you have any authorizing document(s) attached to the Direct Deposit Agreement (Form ERS-210).

Forms should be returned to the ERS at:

Mailing Address:        Employees' Retirement System  
                                 201 Merchant Street, Suite 1400  
                                 Honolulu, HI 96813-2980

If you have any questions, please contact the ERS at:

Oahu:	(808) 586-1735
Toll Free from neighbor islands:	1-(800) 468-4644 Ext. 61735
Toll Free from mainland:	1-(888) 659-0708

ERS Website: <http://www.ers.ehawaii.gov>