



Please type or print clearly
in blue or black ink

Received Date

Electronic Debit Authorization Form

RS 5542
(Rev. 03/20)

Authorization is: (check one)

- New
- Change

Please complete the items below:

Payer Name: _____ Employer Code: _____

Report Code: _____ Type of Account: Checking Savings

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: _____

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

E-mail Address: _____

E-mail Address: _____

Signature: _____ Date: _____

Please return to:

**New York State and Local Retirement System-NYSLRS
ERS Accounting Bureau- 4th Floor
110 State St
Albany, NY 12244-0001
Or email to NYSLRSEmployerReporting@OSC.NY.GOV**



Procedures for Completing Electronic Debit Form

These instructions apply to employers who have elected to participate in the Electronic Debit Program offered by New York State and 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:

If you need to change the financial institutions information or account number, check "Change" at the top of the form and complete all information. Submit the completed document directly at the address provided on the front of the form.