



Section A. Agency Contact Information

Agency Name		Authorized Agency Contact Name		Agency Code
Mailing Address				
City	State	Zip Code	Telephone No.	Fax No.
Email Address				

Section B. Instructions

Complete all sections of this form. This form is not valid until it has been properly completed, signed in front of a notary, and received by our office by mail, email, or fax. Forms submitted with erasures, strike overs, or white outs in Sections C through E will not be accepted.

Submit a completed, notarized form via: Fax to **919-855-5801**, Email to OER@nctreasurer.com or mail to:
 N.C. Department of State Treasurer, Employer Reporting, 3200 Atlantic Avenue, Raleigh, North Carolina 27604.

Section C. Agency Bank Account Information

Name of Bank
Bank Routing Number
Bank Account Number
Effective Date

Section D. Certify Your Information

I hereby authorize the Retirement Systems Division of the North Carolina Department of State Treasurer to update the organization's banking information as indicated on this form. I certify by my signature that I have the authority to request the changes completed on this form in its entirety. I also certify by my signature that I have completed this form in its entirety.

Signature _____ Date _____

Section E. Notary

State of _____ County of _____ My Commission Expires _____

I, _____, a notary public for said State and County, do hereby

certify that _____ personally appeared before me

this date and acknowledge the due execution of this form.

Witness my hand and official seal this the _____ day of _____, 20_____

Signature of Notary _____

Thank you