



Form 717
Employer Bank Change
Request Form

Department of State Treasurer
Retirement Systems Division
3200 Atlantic Avenue, Raleigh NC 27604
www.myNCRetirement.com • (919) 814-4590

Section A. Agency Contact Information

Agency Name		Authorized Agency Contact Name		Agency Code	
Mailing Address					
City	State	Zip Code	Telephone	Fax #	
Email Address					

This form is not valid until all sections have been properly completed, signed in front of a notary and received by our office by mail, email or fax. Forms submitted with erasures, strikeouts or whiteouts in Sections B through D 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 B. Agency Bank Account Information

Name of Bank
Bank Routing #
Bank Account #
Effective Date

Section C. Certify your information in front of a Notary.

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 D. Have this form notarized. Improperly notarized forms will not be accepted.

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.