

Wyoming Retirement System
AUTOMATIC PAYROLL DEPOSIT*
(Please Print or Type)

Member's Name: _____ SSN: _____

Financial Institution Information:

Financial Institution's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

9-Digit Bank Routing Number: _____

CHECKING Account Number: _____

OR SAVINGS Account Number: _____

Deposit: _____ 100% OR \$_____ each payday

Complete section below if benefit is split between two accounts. Specify the amount to be credited to each account.

Financial Institution Information:

Financial Institution's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

9-Digit Bank Routing Number: _____

CHECKING Account Number: _____

OR SAVINGS Account Number: _____

Deposit: _____ 100% OR \$_____ each payday

Member's Signature: X _____ Date: _____

Please Attach Voided Check

(if available)

WRS Office Use Only

Entered: _____

Verified: _____

*Required by WRS; may be changed anytime by *written* instruction to the payroll section of WRS.