

**State of West Virginia**  
**Consolidated Public Retirement Board**  
4101 MacCorkle Avenue, SE  
Charleston, WV 25304-1636  
1-800-654-4406

**DEBIT AUTHORIZATION**

***PLEASE PRINT:***

Employer Number and FEIN: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

**FINANCIAL INFORMATION**

<b>Employee Contributions:</b>	Name of Financial Institution: _____
	Routing Number: _____
	Account Number: _____
<b>Employer Contributions:</b>	Name of Financial Institution: _____
	Routing Number: <b>Currently must be the same as Employee Portion</b>
	Account Number: _____
<b>Loan Payment (Teachers and Deputy Sheriffs Only):</b>	Name of Financial Institution: _____
	Routing Number: <b>Currently must be the same as Employee Portion</b>
	Account Number: _____

Is the account listed above a checking account or a savings account?

*Savings Account*

*Checking Account*

**Please remember to attach a voided check for the account indicated above**

**I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate debit entries within the scope of Consolidated Public Retirement Board transactions, into my Checking account(s) as indicated above and the Financial Institution(s) named above, hereinafter called DEPOSITORY. This authority is to remain in full force and effect until STATE has received written notification from me of its termination in such time and in such manner as to afford STATE and DEPOSITORY a reasonable opportunity to act on it.**

\_\_\_\_\_  
(Sign Name)

\_\_\_\_\_  
(Date)

***Return Form to:***

Consolidated Public Retirement Board  
4101 MacCorkle Avenue, SE  
Charleston, WV 25304  
Attn: Web Reporting Section