



Consolidated Public Retirement Board

4101 MacCorkle Avenue, SE
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com



Employer Debit Authorization

Section 1: Employer Information

Employer Name		FEIN		Contact Name	
Telephone Number	Street Address		City	State	Zip Code

Section 2: Financial Information:

Please remember to attach a voided check for each different Account to be used.

Name of Financial Institution:	_____
Routing Number:	_____
Account Number:	_____
Name of Financial Institution:	_____
Routing Number:	_____
Account Number:	_____
Name of Financial Institution:	_____
Routing Number:	_____
Account Number:	_____

Section 3: Signature Authorization:

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.

Signature _____ Date _____

Email _____ Phone _____

Please return this completed form to the Employer Reporting Section at the address listed above. Contact CPRB if you have questions.