



Print or type in black ink. No erasures, strikeouts or whiteouts permitted. Do not staple pages.

Section A. Agency Contact Information.

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

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, Orbit Employer Reporting, 3200 Atlantic Avenue, Raleigh, North Carolina 27604.

Section B. Agency Bank Account Information.

Name of Bank	Bank Routing Number	Bank Account Number
--------------	---------------------	---------------------

Note: EFT only (If NCCMT, please work with NCCMT to update your banking information)

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 _____

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 _____. My Commission Expires _____

INK SEAL HERE

Signature of Notary _____

Submit the completed form by mail or email.