



Form 717 Employer Bank Change Request Form

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

Section A. Agency Contact Informati	on.					
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, strikeovers 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 B	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 Divisio information as indicated on this form. I certify by my I also certify by my signature that I have completed	signature that I h	ave the autho				
Signature	Date					
Section D. Have this form notarized.	Improperly no	otarized for	ms will not k	e accepted.		
State of Co						
I,, a notary p	ublic for said Sta	te and County	, do hereby cer	tify		
that personally	nally appeared before me this date and acknowledge					HERE
the due execution of this form. Witness my hand and official seal this the day of						
, 20 My Comm	ission Expires _					

Signature of Notary_