



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 Informa	tion.						
Agency Name	Authorized	d 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 Forms submitted with erasures, strikeovers or w fax to 919-855-5801, email to OER@nctreasur Avenue, Raleigh, North Carolina 27604.	hiteouts in Section er.com or mail to	ns B through D	will not be acc	epted. Submit a	completed	, notarized form via	
Section B. Agency Bank Account Information.							
Name of Bank	e of Bank Routing Nur		nber		Bank Account Number		
Note: EFT only (If NCCMT, please work with NC	CMT to update yo	our banking inf	ormation)				
Section C. Certify your information	in front of a No	otary.					
I hereby authorize the Retirement Systems Divisinformation as indicated on this form. I certify by m I also certify by my signature that I have complete	y signature that I h	ave the autho					
Signature	Date						
Section D. Have this form notarized	. Improperly no	otarized for	ms will not b	e accepted.			
State of							
l,, a notary	public for said Sta	te and County	, do hereby cer	tify			
that personally appeared before me this date and acknowledge					INK CEAL HERE		
the due execution of this form. Witness my hand and official seal this the day of							
, 20 My Comi	mission Expires						

Signature of Notary_