



CHECK REMITTANCE

If you are submitting payments for more than one employer,
complete a separate check remittance for each employer.

- **Check payments** — Send this form with the check(s) to STRS Ohio, P.O. Box 631135, Cincinnati, OH 45263-1135. For checks sent via overnight, certified mail or any other delivery method requiring a signature, send to Fifth Third Bank, Wholesale Lockbox, M.D. 1MOC1Q, Box 631135, 5050 Kingsley Dr., Cincinnati, OH 45227.
- **Wire transfer or ACH payments** — Submit an online payment remittance at www.strsoh.org/employer.

Section 1 — Employer Information

Employer name _____ Four-digit
employer number _____

Section 2 — Total Amount

Total check(s) amount \$ _____

Section 3 — Amounts Included in Payment

	Check number	Amount
<input type="checkbox"/> Foundation shortage	_____	\$ _____
<input type="checkbox"/> Adjustments to member accounts	_____	\$ _____
<input type="checkbox"/> Payment for invoice (<i>Submit copy of invoice</i>)	_____	\$ _____
<input type="checkbox"/> Payroll deduction for purchase of service credit Fiscal month _____	_____	\$ _____
<input type="checkbox"/> ARP contributions (submit monthly) (<i>College or university ONLY</i>) Fiscal month _____	_____	\$ _____
<input type="checkbox"/> Other _____	_____	\$ _____

Total of amounts in Section 3 should equal the total payment amount listed in Section 2.

Date submitted _____

Signature _____

