



## CASH REMITTANCE

Please send check(s) and this form to:  
STRS Ohio, P. O. Box 631135, Cincinnati, OH 45263-1135

*If you use wire transfer or ACH, you can fax this form to 614-227-4683 or submit a cash remittance online.  
If you are submitting contributions for more than one employer, please complete a separate form for each employer.  
If you have questions, please call STRS Ohio toll-free at 888-535-4050 or visit www.strsoh.org/employer.*

### Section 1 — Employer Information

Employer name \_\_\_\_\_ Four-digit employer number \_\_\_\_\_

### Section 2 — Payment Method and Amount

Check(s)                       Wire transfer\*                       ACH (Automated Clearing House)\*  
Total amount \$ \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_  
Total amount \$ \_\_\_\_\_ Total amount \$ \_\_\_\_\_

\*Complete a separate form for each wire transfer or ACH.

### Section 3 — Contribution Amounts Included in Payment

	Check number	Amount
	Leave blank if wire transfer or ACH	Complete for check(s), wire transfer or ACH
<input type="checkbox"/> Employee contributions		
Pay date(s) _____	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<input type="checkbox"/> Employer contributions		
Pay date(s) _____	_____	\$ _____

### Section 4 — Other Amounts Included in Payment

	Check number	Amount
	Leave blank if wire transfer or ACH	Complete for check(s), wire transfer or ACH
<input type="checkbox"/> ARP contributions (submit monthly) (College or university ONLY)		
Fiscal month _____	_____	\$ _____
<input type="checkbox"/> Payroll deduction for purchase of service credit		
Fiscal month _____	_____	\$ _____
<input type="checkbox"/> Adjustments to member accounts		\$ _____
<input type="checkbox"/> Payment for invoice (Submit copy of invoice)		\$ _____
<input type="checkbox"/> Other _____	_____	\$ _____
<input type="checkbox"/> Other _____	_____	\$ _____

Total of amounts in Sections 3 and 4 should equal the total payment amount listed in Section 2.

Date submitted \_\_\_\_\_

Signature \_\_\_\_\_

