DIRECT DEPOSIT FORM
STATE OF VERMONT RETIREMENT SYSTEMS
1-800-642-3191 (toll free in VT) or 802-828-2305
802-828-5182 (fax)

I hereby authorize the State of Vermont to make pension payments of the amounts owed to me by initiating credit entries to my account at the financial institution named below and I authorize said institution to accept such amounts and to credit to my account without responsibility of correctness thereof:

_____ _____

Name (please print) Social Security Number

_____

Street Address

_____ _____

City, State, Zip Code Telephone Number

☐ Please check box if this is an address change

_____ _____

Name of Financial Institution Street Address

_____

City, State, Zip Code

_____ _____

Transit Routing Number (ABA #) Account Number

Type of Account: ☐ Savings ☐ Checking – Attached a voided check

Type of Deposit: ☐ Net check ☐ Amount _____

It is understood that the retiree may change financial institutions at any time by submitting a new form. It is understood that this agreement may be terminated by the State of Vermont without notice if any of the following conditions occur:

- The financial institution designated by the retiree is not a member of the Electronic Funds Transfer
- The death of the retiree occurs
- A court order has been served upon the State Treasurer for an attachment of pension
- The financial institution designated by the retiree notifies our office that your account has been closed

It is understood that the State of Vermont, upon notification of the death of the retiree, may request a return of the direct deposited amount(s) for payment made after the death.

_____ _____

Retiree Signature Date

Complete and mail to: State of Vermont Retirement Systems
109 State Street
Montpelier VT 05609-6901