

**DIRECT DEPOSIT ⇒ SIGN-UP FORM**  
**STATE OF VERMONT RETIREMENT SYSTEMS**  
**1-800-642-3191 (toll free in VT) or 1-802-828-2305**

I hereby authorize the State of Vermont to make pension payments of 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 my account without responsibility for the 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 - **Please attach a voided check.**

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 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 you 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:  
OR  
FAX TO: (802) 828-5182

**STATE OF VERMONT RETIREMENT SYSTEMS**  
**109 STATE STREET, 4<sup>TH</sup> FLOOR**  
**MONTPELIER, VT 05609-6901**