## **DIRECT DEPOSIT**

## STATE OF VERMONT RETIREMENT SYSTEMS 1-800-

## 642-3191 (toll free in VT) or 1-802-828-2305 802-828-5182 (fax)

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 (mail	ling address)	Physical Address (legal residency)	
City, State, Zip Cod	e	City, State, Zip Code	
Please check box in the insurance companion	if you need your addre ies.	s updated with	
☐ Please check box i	f this is an address cha	ge Telephone Number	
Name of Financial Institution		Street Address	
City, State, Zip Cod	e		
Transit Routing Number (ABA#)		Account Number	
Type of Account:	☐ Savings	☐ Checking - Attach a voided check	
Type of Deposit:	☐ Net Check	☐ Amount	
is understood that the of the following con  The finance  The death  A court ord  The finance	his agreement may be ditions occur: ial institution designs of the retiree occurs. der has been served usial institution designs	age financial institutions at any time by submitting a new form. It is terminated by the STATE OF VERMONT without notice if any atted by the retiree is not a member of Electronic Funds Transfer.  In pon the STATE TREASURER for an attachment of pension. It is a positive our office that your account has been closed.  In upon notification of the death of the retiree, may request a	
		or payment made after the death.	
Retiree Signature		Date	

Complete and mail to: State of Vermont Retirement Systems

109 State Street

Montpelier, VT 05609-6901