

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 (mailing address)

Physical Address (legal residency)

City, State, Zip Code

City, State, Zip Code

Please check box if this is an address change

Telephone Number

Name of Financial Institution

Street Address

City, State, Zip Code

Transit Routing Number (ABA#)

Account Number

Type of Account: Savings Checking - Attach 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 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: **State of Vermont Retirement Systems**
 109 State Street
 Montpelier, VT 05609-6901