

State of Delaware
Pensioner's Direct Deposit Authorization Form

New Address

Name _____ Social Security # _____ Employee ID _____

Address _____ City, State, ZIP+4 _____

This form will override all previous forms. Please list **ALL** accounts where you wish to have monies deposited.

We no longer require verification in the form of a voided check or bank statement. However, please be aware that YOU ARE RESPONSIBLE for ensuring that the routing and account numbers on this form are correct. Please contact your bank to confirm routing/account numbers if you are unsure. INCORRECT ROUTING AND/OR ACCOUNT NUMBERS WILL RESULT IN YOUR DIRECT DEPOSIT BEING DELAYED UNTIL THE NEXT SCHEDULED PENSION PAYMENT.

To have your net Pension amount go to **ONE** account or to have the majority of your monthly Pension amount go to a primary account (with specific dollar amounts going to additional accounts listed below), complete the following:

Deposit Net Monthly Pension Amount into this account. Routing # _____ Account # _____ **CIRCLE ACCOUNT TYPE:**
 Checking Savings

OR

Bank Name _____

Use this account as primary with additional monies going to accounts listed below. Bank Address _____

If you are using this form to change an existing direct deposit to a primary account and wish to have ALL other additional deposits (i.e. savings account deposits and/or credit union deposits) remain the same,

Please check one

Continue additional deposits OR Stop additional deposits and deposit all monies into the above account

To have a specific dollar amount go to **additional** banks or credit unions, complete as many of the following as necessary:

Deposit the Following \$ Amount _____ Routing # _____ Account # _____ **CIRCLE ACCOUNT TYPE:**
 Checking Savings

Bank Name _____

Bank Address _____

Deposit the Following \$ Amount _____ Routing # _____ Account # _____ **CIRCLE ACCOUNT TYPE:**
 Checking Savings

Bank Name _____

Bank Address _____

I understand that my monthly benefit amount will be direct deposited to the account(s) designated above so that the funds are available to me on the last working day of each month.

Signature of Pensioner or Power of Attorney

Telephone Number

Date

Return form to the Office of Pensions, McArde Building, 860 Silver Lake Blvd., Suite 1, Dover, DE 19904-2402 or fax completed form to (302) 739-6129. If you have any questions, call the Pension Office at (302) 739-4208 or (800) 722-7300.

NOTE: If you move and the "Direct Deposit Advisory Notice" or other mailings are returned undeliverable by the Post Office, your electronic funds transfer authorization will be terminated and the funds held until a signed change of address has been received by the Pension Office.