

# AUTHORIZATION FOR DIRECT DEPOSIT OF MONTHLY BENEFIT

**VIRGINIA RETIREMENT SYSTEM**  
 P.O. Box 2500  
 Richmond, Virginia 23218-2500  
 Toll Free 1-888-VARETIR (827-3847)  
 Fax 804-786-9718  
[www.varetire.org](http://www.varetire.org)

1. Social Security Number
2. Phone Number
3. Type of Request (Check one) <input type="checkbox"/> New Retiree (Initial Request) <input type="checkbox"/> New Survivor (Initial Request) <input type="checkbox"/> Third Party (Initial Request) <input type="checkbox"/> Change of Direct Deposit Information

If you are completing this form as Power of Attorney or as a guardian for a retiree or survivor, please attach a copy of your Power of Attorney or guardianship papers. If you are filling this out on behalf of a retiree or beneficiary in the State Retiree Health Benefits Program and the address is being updated, the address change will not be made unless the Power of Attorney specifically authorizes access to health plan information.

VRS will send you a Statement of Earnings when the first benefit payment is made into the new account. If your mailing address changes, it is very important to notify VRS so you'll receive important information that is mailed to your mailing address, including the year-end tax statement and newsletters.

**I hereby authorize VRS to deposit my monthly retirement benefit payment directly to my account at the financial institution shown below. I agree to provide written notification to VRS within 30 days of any changes to this information so that my monthly benefit may be properly distributed. I also authorize VRS to make adjustments to my account to correct any credit entries made in error.**

NOTE: If you receive more than one benefit from VRS, this direct deposit authorization will apply to all benefits you receive.

4. Name	(First)	(MI)	(Last)	(Jr./Sr.)
5. Address	(Street)	(City)	(State)	(Zip+4)
<input type="checkbox"/> Check box if this is a new address				
6. Name of Financial Institution			7. Branch (City and State)	
8. Type of Account (Check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
9. Signature			10. Date	
11. Provide a voided check with the correct routing information and account number. To ensure the information you provide is accurate, you may wish to contact your financial institution.				
<b>TAPE VOIDED CHECK HERE</b>				

**This form cannot be processed unless it is signed and dated.**

