

AUTHORIZATION FOR DIRECT DEPOSIT OF MONTHLY BENEFIT



VIRGINIA RETIREMENT SYSTEM
 P.O. Box 2500 ♦ Richmond, VA 23218-2500
 Toll-free 1-888-827-3847
 Fax 804-786-9718
 www.varetire.org

1. Social Security Number
2. Phone Number

If you are an agent under a Power of Attorney or a guardian for a retiree or survivor, please attach a copy of the 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 notify you when the first benefit payment is made into a new account. If your mailing address changes, it is important that you notify VRS so you'll receive important information mailings, including the year-end tax statement and newsletters.

Note: If you receive more than one benefit from VRS, this authorization applies to all benefits you receive.

3. Name (First, Middle Initial, Last)																																				
4. Address (Street, City, State and ZIP+4) <input type="checkbox"/> Check here if a new mailing address																																				
5. Previous Account Number (If changing direct deposit information, enter the account number where funds were deposited prior to the change you are requesting)																																				
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6. Financial Institution Account Information (Enter your new/updated financial institution account information below)																																				
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<p>Note: If you have fraud control or protection measures on this account, you may want to check with your financial institution before VRS sends your first payment to be sure it is not rejected.</p> <p>Tip: Locate the bank routing and account numbers at the bottom of your deposit slip or check.</p>																																				
7. Authorization and Signature (Required for Processing)																																				
<p>I hereby authorize VRS to deposit my payment directly to my account at the financial institution shown above. I agree to provide written notification to VRS within 30 days of any changes to this information so that my payments may be properly distributed. I also authorize VRS to make adjustments to my account to correct any credit entries made in error.</p>																																				
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