

# AUTHORIZATION FOR DIRECT DEPOSIT OF MONTHLY BENEFIT



**VIRGINIA RETIREMENT SYSTEM**  
P.O. Box 2500 ♦ Richmond, Virginia 23218-2500  
Toll-free 1-888-827-3847  
Fax 1-804-786-9718  
[www.varetire.org](http://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 send you a Statement of Benefits when the first benefit payment is made into the 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.

<b>3. Name</b> (First, Middle Initial, Last)																																						
<b>4. Address</b> (Street, City, State and ZIP+4) <input type="checkbox"/> Check here if a new address																																						
<b>5. Type of Request</b> <input type="checkbox"/> Initial Request <input type="checkbox"/> Change of Direct Deposit Information																																						
<b>6. Current Account Number</b> (Complete only if you are making a change of direct deposit) <table style="width: 100%; border: 1px solid black; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																																						
<b>7. Financial Institution Account Information</b> (Enter your new/updated financial institution account information below) Institution Name _____ Account Type (Choose one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Routing Number <table style="display: inline-table; border: 1px solid black; width: 100px; height: 20px; vertical-align: middle;"><tr><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td><td style="width: 3.3%;"></td></tr></table> Account Number <table style="display: inline-table; border: 1px solid black; width: 200px; height: 20px; vertical-align: middle;"><tr><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td><td style="width: 16.6%;"></td></tr></table> <p><b>Note:</b> 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><b>Tip:</b> Locate the bank routing and account numbers at the bottom of your deposit slip or check.</p> <div style="text-align: right;"> </div>																																						
<b>8. Authorization and Signature (Required for Processing)</b> <p>I hereby authorize VRS to deposit my monthly retirement benefit 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 monthly benefit may be properly distributed. I also authorize VRS to make adjustments to my account to correct any credit entries made in error.</p> <p>_____ Signature</p> <p style="text-align: right;">_____ Date</p>																																						

