

# NOTIFICATION OF ELECTRONIC PAYMENT INFORMATION



**VIRGINIA RETIREMENT SYSTEM**  
Finance Control Department  
P.O. Box 361 ♦ Richmond, Virginia 23218  
Toll-free 1-888-827-3847  
Fax 804-786-9718  
Email to: [AccountsReceivable@varetire.org](mailto:AccountsReceivable@varetire.org)

Organization Name and Code(s):
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All Virginia Retirement System (VRS) participating employers complete this form to provide required financial institution account and routing information. VRS uses this information to withdraw monthly contributions *only* after the employer's authorization is entered into myVRS Navigator each month. Changes to the depository institution, payment instructions or remittance data instructions must be provided to VRS at least 15 days prior to the use of the account. Any other financial institution on file at VRS will be replaced by the information below based on the date in Box 2.

## PART A. FINANCIAL INSTITUTION'S INFORMATION

1. Name of Financial Institution	2. Effective Date of Use
3. Financial Institution's Address (Street, City, State and ZIP+4)	
4. Contact Person Name	5. Contact's Email Address
6. Contact's Phone Number	7. Contact's Fax Number
8. 9-digit ACH ABA routing number (on check from account selected for electronic payments)	
9. Account Number	10. Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

## PART B. EMPLOYER AUTHORIZATION

I understand I am responsible, as the authorized employer finance contact, for updating my organization's banking information and that any changes have been made in accordance with VRS requirements.

\_\_\_\_\_  
Authorized Finance Signer (Printed Name)                      Signature                      Date

**Tape a voided check from the account identified above within the lines of this box.**  
(If not available, provide a letter from your bank for verification.)

