

STATE OF DELAWARE OFFICE OF PENSIONS

DIRECT DEPOSIT FORM

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Pensioner Information (please print clearly)					
Name – First, M.I., Last:				Pension ID or SSN:	
☐ Check Here Street or P.O. Box:					
for Change of Address	City:		State:	Zip Code:	
Email Address:	Email Address:		•	Phone Number:	
INCORRECT ROUTING AND/OR ACCOUNT NUMBERS WILL RESULT IN YOUR DIRECT DEPOSIT BEING DELAYED UNTIL THE NEXT SCHEDULED PENSION PAYMENT.					
Primary Account Information					
Deposit Net Monthly Pension Amount into this account. -or- Use this account as primary with additional monies going to accounts listed.			Account Type: Checking Savings Name of Financial Institution:		
Routing Number (9 Digits):			Account Number:		
*** STOP and SIGN the bottom of this form if the above account is the ONLY deposit account. *** If you wish to have specific dollar amounts deposited into additional account(s), please continue. Continue additional deposits -or- Stop additional deposits and deposit all monies into the above account Additional Account(s) Information (Please List ALL Accounts)					
Account Type:	Checking	Savings	Name of Financial Institution:		
Deposit Amount: \$ Routing Number (9 Digits):			Account Number:		
Account Type:	Checking	Savings	Name of Financial Institution:		
Deposit Amount: \$ Routing Number (9 Digits):			Account Number:		
I hereby revoke any prior deposit elections. I understand that my monthly benefit amount will be direct deposited to the account(s) designated above so that funds are available to me on the last working day of each month. I understand that I may revoke or change my deposit at any time by notifying the Office of Pensions in writing.					
X					

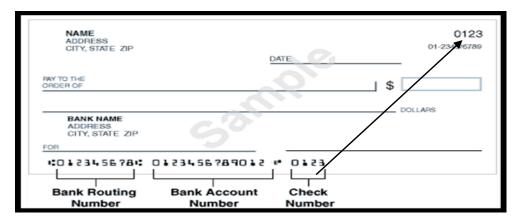
860 SILVER LAKE BLVD., SUITE 1 · MCARDLE BUILDING · DOVER, DE 19904 / SLC D570A PHONE: (302) 739-4208 · TOLL FREE: (800) 722-7300 · FAX: (302) 739-6129 · EMAIL: PENSIONOFFICE@DELAWARE.GOV WWW.DELAWAREPENSIONS.COM

SIGNATURE

DATE

Form Information

- Complete the form and return to the State of Delaware Office of Pensions by mail, fax, or Email.
- Consider maintaining accounts at both your old and new financial institution until the transaction is complete (that is, until the new financial institution receives it first benefit payment). The change you are requesting could take up to 30 days to become effective.
- <u>NOTE</u>: If you move and the "Pension Direct Deposit Advisory Notice" or other mailings are returned undeliverable by the Post Office, <u>your electronic funds transfer authorization will be suspended and the funds held</u> until a signed change of address has been received by the Pension Office.
- See the blank check guide below for information on where the routing and account numbers are located on your checks for assistance in completing the form. You may attach a voided check to this form as verification. **DO NOT ATTACH A DEPOSIT SLIP**.



• THE DEPOSIT INFORMATION YOU INDICATE ON THIS FORM WILL REPLACE YOUR CURRENT DEPOSIT INFORMATION.