

## 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:				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)				
		onal Account(s) Info	rmation (Plages I ist	ALL Accounts)
Account Type:	Checking	Savings	•	ALL Accounts) ncial Institution:
Account Type: Deposit Amount:	Checking		•	·
	Checking \$		•	ncial Institution:
Deposit Amount: Routing Number  Account Type:	Checking  \$		Name of Finar	ncial Institution:
Deposit Amount: Routing Number  Account Type: Deposit Amount:	Checking  \$	Savings	Account Num	ber:
Deposit Amount: Routing Number  Account Type:	Checking  \$	Savings	Name of Finar	ber:
Deposit Amount: Routing Number  Account Type: Deposit Amount: Routing Number	Checking  \$	Savings  Savings  Savings	Name of Final  Account Num  Name of Final  Account Num  it amount will be direct deposit	ber:

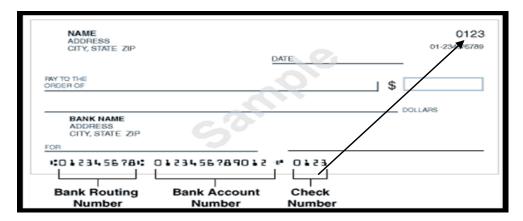
860 SILVER LAKE BLVD., SUITE 1 · MCARDLE BUILDING · DOVER, DE 19904 / SLC D570A PHONE: (302) 739-4208 · TOLL FREE: (800) 722-7300 · FAX: (302) 739-6129 · EMAIL: PENSIONOFFICE@DELAWARE.GOV WWW.DELAWAREPENSIONS.COM

**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.