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

Clear Form

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 completing this form on behalf of a retiree or beneficiary in the State Retiree Health Benefits Program and also updating the address, the address change will not be made unless the Power of Attorney specifically authorizes access to health plan information.

Retirees can update direct deposit information online at myVRS.varetire.org as well as make address changes to ensure receipt of important 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) ❑ Check here if a new 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.)

6. Financial Institution Name (Provide name here even if institution not changing)

7. Account Type (Choose one)
❑ Checking ❑ Savings

8. Financial Institution Account Information

Provide a voided check with the correct routing information and account number. To ensure the information you provide is accurate, you may wish to contact your financial institution.

TAPE VOIDED CHECK WITHIN THE LINES OF THIS BOX

9. Authorization and Signature (Required for Processing)

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.

Signature _____ Date _____