

## STATE OF DELAWARE OFFICE OF PENSIONS

## DIRECT DEPOSIT FORM

## PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

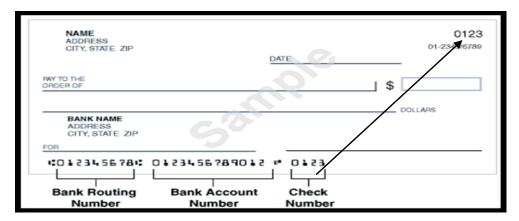
		Pensioner Info	rmation (ple	ase print cl	early)
Name – First, M.I., Last:					Pension ID or SSN:
☐ Check Here	Street or P.O. Box:				1
for Change of	City:		S	tate:	Zip Code:
Address Email Address:					Phone Number:
INCORRECT ROUT	TING AND/OR ACCO	OUNT NUMBERS WILL NEXT SCHEDUL			RECT DEPOSIT BEING DELAYED UNTIL THE F.
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	Carina			
	Checking	Savings	Namo	e of Fina	ncial Institution:
Deposit Amount Routing Number	: \$	Savings		e of Fina	
-	: \$	Savings	Acco	unt Num	
Routing Number	(9 Digits):  Checking		Acco	unt Num	ber:
Account Type:	(9 Digits):  Checking		Acco	unt Num	ber:ncial Institution:
Account Type:  Deposit Amount: Routing Number	Checking  (9 Digits):  Checking  (9 Digits):	Savings  Savings	Accordance t amount will be	e of Fina	ber:ncial Institution:

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** 

## **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.