STATE OF DELAWARE
OFFICE OF PENSIONS

DIRECT DEPOSIT FORM

PLEASE COMPLETE AND RETURN FORM TO PENSION.FORMS@DELAWARE.GOV

Pensioner Information:

First Name & Middle Initial: _____Last Name: _____

Pension ID or SSN: _____ Date of Birth: _____

☐ **Check Here if your address has changed**

Address: _____

City: _____State: _____Zip Code: _____

Email: _____Phone:_____

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 the account

☐ Use this account as primary with additional monies going to other accounts listed.

Account Type: ☐ Checking ☐ Savings

Name of Financial Institution: _____

Routing Number (9 Digits):_____

Bank 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 Deposit Amount $ _____

Name of Financial Institution: _____

Routing Number (9 Digits): _____

Bank Account Number: _____

Account Type: ☐ Checking ☐ Savings Deposit Amount $ _____

Name of Financial Institution: _____

Routing Number (9 Digits): _____

Bank 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.

Signature _____ Date _____

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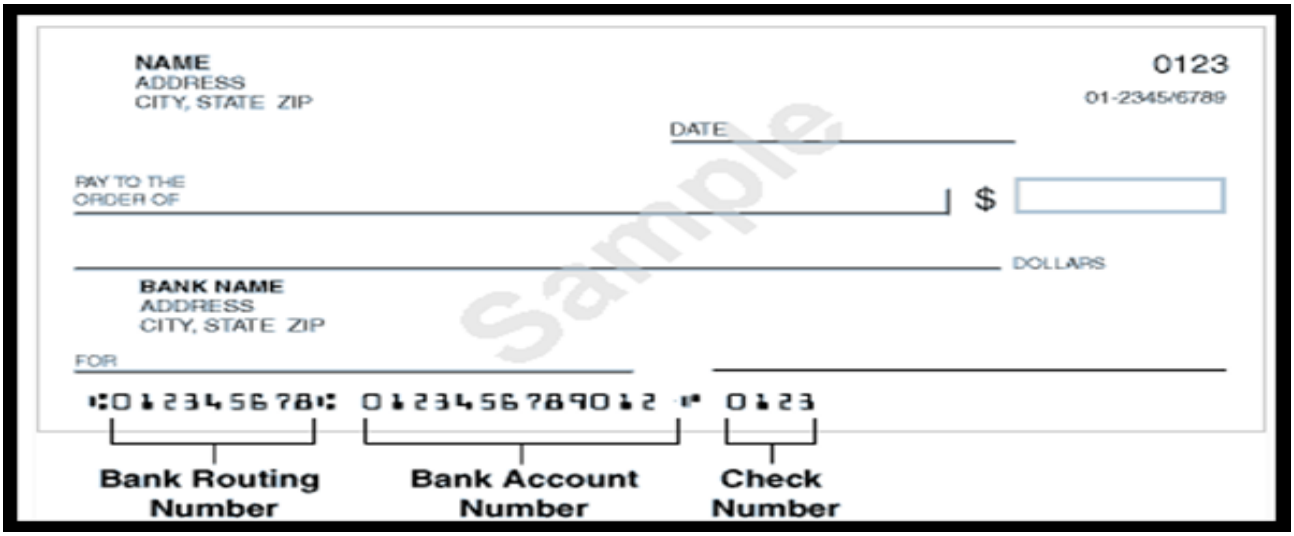
Form Information

Complete the form and return it 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.**

NOTE: If you move and the "Pension Direct Deposit Advisory Notice" or other mailings are returned undeliverable by the Post Office, **your electronic funds transfer authorization will be suspended and the funds held** 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.