



STATE OF DELAWARE
OFFICE OF PENSIONS

DIRECT DEPOSIT
FORM

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

Pensioner Information (please print clearly)

Name – First, M.I., Last:		Pension ID or SSN:	
Check Here for Change of Address	Street or P.O. Box:		
	City:	State:	Zip Code:
Personal Email:		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.	Account Type: Checking Savings
-or-	Name of Financial Institution:
Use this account as primary with additional monies going to accounts listed.	_____
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:
_____	_____

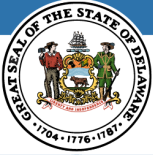
I hereby revoke any prior deposit elections. I understand that my monthly benefit amount will be direct deposited to the account(s) designated above so that funds are available to me on the last working day of each month. I understand that I may revoke or change my deposit at any time by notifying the Office of Pensions in writing.

X

SIGNATURE

X

DATE



STATE OF DELAWARE OFFICE OF PENSIONS

DIRECT DEPOSIT FORM

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

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 its 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.**

A sample check form with the following fields and labels:

- NAME
ADDRESS
CITY, STATE ZIP
- DATE
- 0123
01-23456789
- PAY TO THE ORDER OF
- \$
- DOLLARS
- BANK NAME
ADDRESS
CITY, STATE ZIP
- FOR
- ⑆012345678⑆ 0123456789012 ⑆ 0123
- Bank Routing Number
- Bank Account Number
- Check Number

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