RESET FORM

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 for Change of Address**	**Street or P.O. Box:**		
	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)

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_____ _____

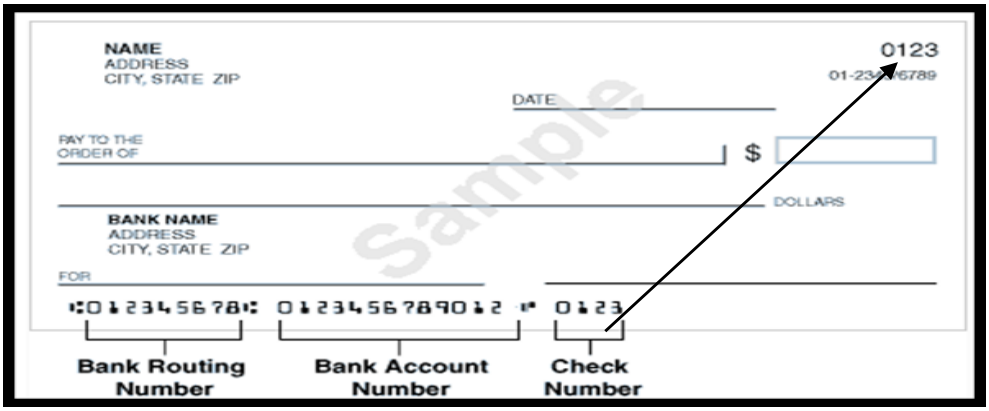
SIGNATURE **DATE**

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

SUBMIT

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**.
- **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**.