



DIRECT DEPOSIT AUTHORIZATION FORM

| | | | |
|-----------------|--|------|---------------------|
| Last Name | First Name | M.I. | SSN (last 4 digits) |
| Mailing Address | | | |
| Phone Number | Payee Type: <input type="checkbox"/> Member <input type="checkbox"/> Survivor <input type="checkbox"/> DRO Non-Member or Alternate Payee | | |

Complete this form to authorize VCERA to deposit your monthly retirement benefit electronically to your designated U.S. financial institution(s). Your net benefit amount will be deposited on the last business day of the month, excluding weekends and holidays. Monthly earning statements are available at <https://myadp.com>. First-time users must register using registration code VCERA1-ONLINE. A new direct deposit authorization request may trigger a one-time physical check in the mail before direct deposit resumes. *VCERA cannot establish direct deposit with foreign financial institutions.* To stop or decline direct deposit, check the applicable box below and sign at the bottom.

DIRECT DEPOSIT REQUEST

- Start:** Start the direct deposit of my monthly retirement benefit to the financial institution(s) listed below.
- Change:** Change the direct deposit of my monthly retirement benefit to the financial institution(s) listed below.
- Stop:** Stop the direct deposit of my monthly retirement benefit. Delivery of benefit payments will be subject to the USPS.
- Decline:** Decline direct deposit of my monthly retirement benefit. Delivery of benefit payments will be subject to the USPS.

I authorize VCERA and the financial institution(s) listed below to deposit my monthly retirement benefit payment automatically each month and, if necessary, to adjust or reverse a deposit for any entry made to my account in error. I understand and agree that my direct deposit may be stopped if I fail to keep VCERA informed of my current address. I attest that I am named on the account(s) indicated below in accordance with VCERA policy.

| | |
|------------------|------|
| Member Signature | Date |
|------------------|------|

FINANCIAL INSTITUTION #1

| | | | |
|--------------------|----------------|---|--|
| Institution Name | | Phone Number | |
| Mailing Address | | Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| ABA Routing Number | Account Number | Deposited Amount: <input type="checkbox"/> Full Amount <input type="checkbox"/> Partial Amount: \$ _____ | |

FINANCIAL INSTITUTION #2 (optional)

| | | | |
|--------------------|----------------|---|--|
| Institution Name | | Phone Number | |
| Mailing Address | | Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| ABA Routing Number | Account Number | Deposited Amount: <input type="checkbox"/> Net Balance | |

PLEASE ATTACH A VOIDED CHECK (CHECKING) HERE

or provide a letter from your financial institution displaying the ABA routing number and account number.