



## 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, and a detailed Earnings Statement will be mailed to you each month, unless you elect paperless statements. A new direct deposit authorization request may trigger a 1-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

<input type="checkbox"/> <b>Start:</b> Start the direct deposit of my monthly retirement benefit to the financial institution(s) listed below.
<input type="checkbox"/> <b>Change:</b> Change the direct deposit of my monthly retirement benefit to the financial institution(s) listed below.
<input type="checkbox"/> <b>Stop:</b> Stop the direct deposit of my monthly retirement benefit. Delivery of benefit payments will be subject to the USPS.
<input type="checkbox"/> <b>Decline:</b> 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
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### 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) OR DEPOSIT SLIP (SAVINGS) HERE**

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