

# AUTHORIZATION FOR DIRECT DEPOSIT OF MONTHLY BENEFIT

VIRGINIA RETIREMENT SYSTEM  
P.O. Box 2500  
Richmond, Virginia 23218-2500  
Phone 804/649-8059  
Toll Free 1/888/VARETIR (827-3847)  
[www.varetire.org](http://www.varetire.org)

1. Social Security Number
2. Phone Number (     )

If you are completing this form as Power of Attorney or guardian for a retiree or survivor, please attach a copy of your Power of Attorney or guardianship papers.

VRS will notify you when your request has been processed. If your mailing address changes, it is very important to notify VRS so you'll receive important information that is mailed to your mailing address, including the year-end tax statement and newsletters.

I hereby authorize VRS to deposit my monthly retirement benefit payment directly to my account at the financial institution shown below. I agree to provide written notification to VRS within 30 days of any changes to this information so that my monthly benefit may be properly distributed. I also authorize VRS to make adjustments to my account to correct any credit entries made in error.

**NOTE:** If you receive more than one benefit from VRS, this direct deposit authorization will apply to all benefits you receive.

3. Name (First) (MI) (Last) (Jr./Sr.)	
4. Mailing Address (Street) (City) (State) (Zip) <input type="checkbox"/> Check box if this is a new address	
5. Name of Financial Institution	6. Branch (City and State)
7. Type of Account (Check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
8. Signature	9. Date
10. Provide a voided check or deposit slip with the correct routing information and account number. To ensure the information you provide is accurate, you may wish to contact your financial institution.	
<b>TAPE VOIDED DEPOSIT SLIP OR CHECK HERE</b>	

This form cannot be processed unless it is signed and dated (items #8 and #9).

