

BURLINGTON EMPLOYEES' RETIREMENT SYSTEM
149 Church Street, City Hall, Burlington, VT 05401
(802) 865-7097

DIRECT DEPOSIT FORM

Complete this form, sign it, and return to Retirement along with a copy of a voided check so we can verify the bank information.

Retiree Name: _____

Retiree Address: _____

Start ____ Stop ____ Change ____ (Check one)

Financial Institution Name: _____ ABA Transit Number _____

Circle Only One: **Checking** or **Savings** Account Number _____

Amount to be deposited each period _____ or Net Check (Circle)

Start ____ Stop ____ Change ____ (Check one)

Financial Institution Name: _____ ABA Transit Number _____

Circle Only One: **Checking** or **Savings** Account Number _____

Amount to be deposited each period _____ or Net Check (Circle)

Start ____ Stop ____ Change ____ (Check one)

Financial Institution Name: _____ ABA Transit Number _____

Circle Only One: **Checking** or **Savings** Account Number _____

Amount to be deposited each period _____ or Net Check (Circle)

I hereby authorize you to directly deposit my paycheck into the account(s) above:

Signature of Retiree

Date

YOU CAN ALSO EMAIL THIS FORM TO: shanker@burlingtonvt.gov