

RETIREMENT - DIRECT DEPOSIT AUTHORIZATION AND INPUT FORM

CO - 1068 REV. 4/03
(6938-707-01)

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT & BENEFIT SERVICES DIVISION
55 ELM STREET
HARTFORD, CONNECTICUT 06106-1775

TO BE COMPLETED IN INK
(please print legibly)

INSTRUCTIONS

Please read front and back carefully prior to completing this application. Complete in duplicate. Forward the white copy to the Retirement & Benefit Services Division. Retiree / Annuitant retains canary copy.

<input type="checkbox"/> Check box if retired Judge	(1) TYPE OF ACTION
	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE

(2) RETIREE / ANNUITANT NUMBER	(3) RETIREE / ANNUITANT NAME
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(4) SOCIAL SECURITY NUMBER	
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(5) CURRENT MAILING ADDRESS

DIRECT DEPOSIT ACCOUNT INFORMATION
(TO BE COMPLETED BY FINANCIAL INSTITUTION)

TO BE COMPLETED
BY RETIREMENT & BENEFIT
SERVICES DIVISION

(6) BANK NAME		(7) BANK CODE
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(8) BANK MAILING ADDRESS

(9) NAME	BANK REPRESENTATIVE SIGNATURE	(10) TELEPHONE NUMBER / EXTENSION
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(11) ACCOUNT NUMBER		(12) ACCT TYPE
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1 = CHECKING
2 = SAVINGS

(13) ROUNTING TRANSIT NUMBER

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

I HEREBY AUTHORIZE THE STATE OF CONNECTICUT, HEREINAFTER STATE, TO ELECTRONICALLY DEPOSIT MY NET BENEFIT PAYMENT TO THE BANK ACCOUNT NAMED ABOVE. THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE STATE HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS CANCELLATION IN A REASONABLE TIME AND MANNER AS TO AFFORD THE STATE, AND THE BANK NAMED ABOVE, A SUFFICIENT OPPORTUNITY TO ACT UPON IT. IN THE EVENT THAT THE STATE NOTIFIES THE BANK THAT FUNDS HAVE BEEN DEPOSITED TO MY ACCOUNT IN ERROR, I AUTHORIZE AND DIRECT THE BANK TO RETURN SAID FUNDS TO THE STATE AS SOON AS POSSIBLE. IN THE EVENT OF MY DEATH, I AUTHORIZE AND DIRECT THE BANK TO REIMBURSE THE STATE FOR ANY AMOUNTS WHICH I WAS NOT ENTITLED TO RECEIVE AND WHICH WERE DEPOSITED SUBSEQUENT TO MY DEATH. I UNDERSTAND THAT MY PARTICIPATION IN THIS PROGRAM DOES NOT RELIEVE ME OF MY OBLIGATION TO NOTIFY THE RETIREMENT & BENEFIT SERVICES DIVISION OF ANY CHANGES TO MY MAILING ADDRESS.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE TERMS.

(14) RETIREE / ANNUITANT SIGNATURE	TELEPHONE NUMBER	DATE
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DISTRIBUTION: White - Retirement & Benefit Services Division Canary - Retiree / Annuitant