

**RETIREMENT DIRECT DEPOSIT AUTHORIZATION AND
INPUT FORM CO-1068 REV.05/2025**

SPECIAL NOTE: If your address has changed, a separate change of address form (CO-1082) must be completed/submitted.

STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
STATEWIDE PAYROLL & TIME MANAGEMENT DIVISION
165 CAPITOL AVENUE HARTFORD, CONNECTICUT
06106-1659
FAX: 860-702-3489

INSTRUCTIONS: Only a checking or savings account at a U.S. bank are permitted for direct deposit. Third party and/or Brokerage or Mutual Fund Investment accounts are not permitted for direct deposit.

RETIREE / ANNUITANT INFORMATION

RETIREE NUMBER (6 or 9 digits only)

LAST FOUR OF SSN

RETIREE / ANNUITANT NAME

TYPE OF ACTION

☐ New ☐ Change ☐ Delete Account #

☐ Add Additional Account
COMPLETE SECTION II ONLY

NEW RETIREES ONLY

Select here to keep
existing direct deposit
from active employment.
Signature is required.

SECTION I

This section must be completed for first time Direct Deposit enrollees or if a retiree is changing or deleting a prior account.

For checking account - Attach a copy of a voided check

For Savings Account - Attach a copy of a bank issued statement.

If retiree is adding an additional account, please check off the "**Add Additional Account ONLY**" box and complete Section II. See section II for Additional Account Requirements

ACCOUNT # 1

DIRECT DEPOSIT ACCOUNT INFO - FINANCIAL INSTITUTION NAME

ACCOUNT NUMBER (up to 15 digits)

ROUTING TRANSIT NUMBER (MUST BE NINE DIGITS)

SELECT ACCT TYPE

☐ CHECKING ☐ SAVINGS

COMPLETE THIS SECTION TO ADD AN ADDITIONAL ACCOUNT ONLY

ACCOUNT # 2

(Additional Account)

SECTION II

Additional Account Requirements:

Retiree must have one existing account that has successfully completed the pre-note process in order to add an additional account. New retirees or retirees who are signing up for direct deposit for the first time are not permitted to sign-up for an additional account until Account #1 has successfully completed the pre-note process.

Flat Amount Option for Account # 2 \$ _____

Please note that the balance of net pay will be deposited into Account 1.

Percentage Split Option for Account # 2 % _____

Please note that the balance of net pay will be deposited into Account 1.

DIRECT DEPOSIT ACCOUNT INFO - FINANCIAL INSTITUTION NAME

ACCOUNT NUMBER (up to 15 digits)

ROUTING TRANSIT NUMBER (MUST BE NINE DIGITS)

SELECT ACCT TYPE

☐ For checking account- Attach a copy of a voided check

☐ CHECKING ☐ SAVINGS

☐ For Savings Account- Attach a copy of a bank issued statement.

Instructions on the back.

Effective August 1, 2011, as a direct deposit participant you will receive a paper deposit advice statement when annual cost of living increases are awarded. You will be able to refer to your bank statement to verify your earnings. Written confirmation of your monthly retirement benefit may be obtained at any time by contacting the Customer Service Center by phone at 860-702-3480, by fax at 860-702-3489 or by email at OSC.RSD@CT.GOV

Your direct deposit may take two months to be processed following the receipt of your request, during which a check will be mailed to the address on file.

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 receives a new direct deposit authorization from me in a reasonable time and manner as to afford the State, and the bank named above, 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 after my death.

RETIREE / ANNUITANT SIGNATURE

TELEPHONE NUMBER

DATE

RETIREE / ANNUITANT EMAIL ADDRESS



If you are new to enrolling in Direct Deposit:

If you are enrolling in direct deposit for the first time, be sure to complete the CO-1068 form with the information as noted below. Please note that this process will take up to 2 months to complete:

- Your Retiree/Annuitant Number
- The Last Four of SSN (last four of SSN are for used for identification of Retiree/Annuitant Number if not provided on the form)
- First and Last Name
- In the **Type of Action** section: Select the box “New”
- Complete “Section I” of the form with your bank information
- Skip “Section II” on the form
- Sign & Date the bottom of the form
- Provide the best phone number where we can reach you if we have any questions
- Provide email address, if available
- Send the completed form to the State of Connecticut Comptroller’s Office via contact information provided above or on the direct deposit form.

If you would like to add an additional Direct Deposit Account:

Retirees/Annuitants who already have one established direct deposit account enrolled (Account #1) will have the option of adding one additional direct deposit account (Account #2) beginning August 2021. This process will take up to 2 months to complete. In order to add the 2nd direct deposit account, be sure to complete the form CO-1068 with the following information:

- Your Retiree/Annuitant ID number
 - First and Last Name
 - In the **Type of Action** section: Select the box titled “ADD ADDITIONAL ACCOUNT”
 - Skip “Section I” on the form
 - Complete “Section II” of the form with the new bank account information AND you must choose one of the following Options:
 - **Option 1: Flat Amount**
 - **On the form indicate the flat amount that is to be deposited in Account #2 (new account). The remaining net amount of your retirement benefit will be automatically deposited into your existing Account #1.**
Example: Your Net pay per check is \$1,000
On the form, you indicate that Account #2 is to receive a deposit of \$700.00,
Any remaining net pay, in this case it is \$300.00, will be deposited into Account #1.
 - **Option 2: Percentage split**
 - **On the form you will need to indicate the % Percentage of your Net Pay that is to be deposited into Account #2. Any remaining net pay will be deposited into Account #1.**
Example: Your Net pay per check is \$1,000.
On the form, if you indicate that 30% is to be deposited into Account #2, the remaining 70% will be deposited into Account #1.
Account #2 will receive 30% of \$1,000 = \$300
Account #1 will receive 70% of \$1,000 = \$700
 - Sign & Date the bottom of the form
 - Provide the best phone number where we can reach you if we have any questions
 - Provide email address, if available
 - Send the completed form to the State of Connecticut Comptroller’s Office via contact information provided above or on the direct deposit form.
-