

**RETIREMENT DIRECT DEPOSIT AUTHORIZATION AND  
INPUT FORM CO-1068 REV.12/2022**

STATE OF CONNECTICUT  
OFFICE OF THE COMPTROLLER  
ACTIVE & PENSION PAYROLL SERVICES DIVISION  
165 CAPITOL AVENUE HARTFORD, CONNECTICUT  
06106-1659  
FAX: 860-702-3489

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

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

**NEW RETIREES ONLY**

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

**TYPE OF ACTION**

New      Change      Delete Account #

**Add Additional Account  
COMPLETE SECTION II ONLY**

**ACCOUNT # 1**

**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

**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 remainder of Net Pay will be deposited into Account #1 under the Flat Amount Option

Percentage Split Option for Account #1 and Account #2  
Must be equal to 100% (e.g. 50% Account #1 and 50% Account #2, 40% Account #1 and 60% Account 2, etc.)

\_\_\_\_\_% Percentage of Net Pay to be deposited into Account #1

\_\_\_\_\_% Percentage of Net Pay to be deposited into Account # 2

**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

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

CHECKING      SAVINGS

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](mailto: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

