

Direct Deposit Authorization

Important														
You must include a voided check, deposit slip, or page 1 of your bank statement with this form (not attached.)														
This authorization is an agreement that remains in effect until payee cancels it or changes it by written notice to the State Retirement Agency (SRA).														
☐ The institution named by the payee on this form must participate in the Automated Clearing House Network.														
If you're changing your direct deposit authorization, we recommend not closing your old bank account until you have received a confirmation from the SRA.														
Provide Your Information														
Social Security Number Daytime Telephone Number														
First Name Initial Last Name														
Street Address														
City State ZIP Code														
Email Address														
Enter Financial Institution Information														
NOTE: The account receiving the Electronic Fund Transfer (EFT or direct deposit) must be in the payee's name, either individually or jointly.														
Name of Financial Institution:														
Routing Number Account Number														
Type of Account Foreign Transfers (choose one) (check this box if the statement below is true)														
☐ Checking ☐ The direct deposit will go to a foreign bank or the entire amount will be transferred from a														



☐ Savings

US bank to a foreign bank.

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Maryland State Retirement and Pension System 120 East Baltimore Street Baltimore, MD 21202-6700 800-492-5909 ◆ 410-625-5555 sra.maryland.gov ◆ docs@sra.state.md.us

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(continued)

Provide Your Signature(s)

Payee please sign below.

By signing my name below, I certify that I have read all instructions on this form. I certify that I am the payee identified above, and hereby authorize the SRA to deposit my payment into my account at my financial institution, and also authorize the SRA to share the information provided on this form for processing and validation purposes. I certify that I am the account holder of the account indicated on this form, and the account is not in the name of a trust. I authorize and direct the financial institution, on behalf of myself, any joint account holder, and my estate to charge my account for any amounts paid to which I am not entitled and to return any overpayments to SRA. I also authorize the release to SRA by the financial institution of my current address and names and current addresses of all persons listed on the account, including but not limited to those listed as "payable on death" or "transfer on death."

Payee First Name											Last Name																
Payee Signature:								Date:																			
Joint ac	cour	t ho	lde	r pl	eas	se	sig	gn k	oelow.	•																	
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Email:	docs	@sra	.stat	e.mo	d.us	3																					
Fax:	410-4	468-1	707																								
US Mail: Maryland State Retirement Agend									су																		

How to Get Help with This Form

120 E. Baltimore St. Baltimore, MD 21202-6700

You can call us at 800-492-5909 or 410-625-5555.