



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

# 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  
(choose one)

- Checking
- Savings

Foreign Transfers

(check this box if the statement below is true)

- The direct deposit will go to a foreign bank or the entire amount will be transferred from a US bank to a foreign bank.





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# Direct Deposit Authorization

(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

Initial

Last Name

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Payee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Joint account holder please sign below.

By signing my name below, as a party to this account, I understand that I must immediately advise both the SRA and the financial institution of the death of the payee. I am personally liable to the SRA for the full amount of all withdrawn payments deposited after the death of the benefit recipient. I authorize the financial institution to provide the SRA with my current address.

Joint Account Holder First Name

Initial

Last Name

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Joint Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## How to Submit Your Form to Us

### Important!

- Please send **both pages** of your completed form to us.
- You must **enclose a voided check**, deposit slip, page 1 of your bank statement or a letter signed by a bank representative as proof of your account. All documents **must** include your full name and full account number.
- We cannot accept handwritten information as proof of account (ex: starter checks).
- Do not attach it** to your form.
- Do not** give this form to your employer.

Email: docs@sra.state.md.us

US Mail: Maryland State Retirement Agency  
120 E. Baltimore St.  
Baltimore, MD 21202-6700

## How to Get Help with This Form

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