

## ANNE ARUNDEL COUNTY GOVERNMENT RETIREE

## Direct Deposit Authorization Form

THIS REQUEST FORM MUST BE COMPLETED AND RETURNED TO THE **BENEFITS OFFICE, 2660 RIVA ROAD, ANNAPOLIS MARYLAND 21401**. IF YOU NEED ASSISTANCE PLEASE CALL **(410) 222-7400**. MUST BE RECEIVED BEFORE THE 16<sup>TH</sup> OF THE MONTH FOR PROCESSING THE 1<sup>ST</sup> OF THE FOLLOWING MONTH.

RETIREE NAME			SOCIAL SECURITY NO.		RETIREE PHONE#		
						DUONE#	
JUINT ACC	OUNT HOLDER NAME		SOCIAL SECURIT	Y NU.		PHONE#	
1. PRIMARY A	CCOUNT (select check	king <b>or</b> sa	avina)				
					BANK NAME		
		1 1					
ACCOUNT NUMBER							
				MUST BE A FULL DEPOSIT			
2. SECONDARY ACCOUNT -OPTIONAL (select checking or saving)							
				BANK NAME			
SAVING							
ACCOUNT NUMBER				A PORTION OF YOUR FULL DEPOSIT			
				\$			
NOTE: TO ASSURE PROMPT AND ACCURATE PROCESSING OF YOUR REQUEST A VOIDED CHECK							
FROM YOUR CHECKING ACCOUNT MUST BE ATTACHED. FOR SAVINGS ACCOUNTS, PLEASE HAVE YOUR BANK VERIFY YOUR ACCOUNT NUMBER.							
I authorize you and the bank listed above to deposit my net pay automatically to my account each month. If funds							
to which I am not entitled are deposited to my account, I authorize you to direct the bank to return said funds.							
This authority will remain in effect until I have cancelled it in writing.							
RETIREE'S SIGNATURE					DATE		
DO NOT WRITE BELOW THIS LINE ***** FOR BENEFIT OFFICE USE ONLY							
	FILE #	WKLY/BI					
PRIMARY	TILE #	WKL1/DI		,	-1111		
1. DED CODE	ABA# IF DIFFERENT	ACC	<i>OUNT# IF DIFFEREN</i>	1	FULL EPOSIT	PRE-NOTE Y OR N	
					Х		
SECONDARY	I			I		1	
2. DED CODE	ABA# IF DIFFERENT	ACCO	OUNT# IF DIFFEREN		FULL	PRE-NOTE Y OR N	
					EPOSIT		

PROCESSED BY DATE KEYED
( ) WE COULD NOT PROCESS THIS REQUEST FOR THE FOLLOWING REASONS: