

SECTION A (required)

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
SS#	Member ID (if known):	

SECTION B (required)

Name of Financial Institution:											
All Names on Account:											
Rou	ting #:										
Depositor Account #:											
Please Check Appropriate Box: Savings Account Checking Account, voided check attached											
Are you receiving direct deposit in this account as an active employee of the Commonwealth? 🗌 Yes 🗌 No 🗌 N/A											
PLEASE INCLUDE A VOIDED CHECK IF BEING DEPOSITED INTO A CHECKING ACCOUNT											
	Check box if any of the above direct deposit will go directly to a foreign bank or if the entire amount is forwarded from a domestic bank to a foreign bank.										

PLEASE SIGN BELOW (required)

hereby authorize the State Treasurer to deposit my						
retirement benefit into my account at the financial institution named above. The State Treasurer is also authorized to debit or credit my account, to adjust any over deposit which it has caused to be made to my account. This authorization will remain in effect until revoked by me with thirty (30) days written notice to the Treasurer and Receiver General, One Winter Street, 8th Floor, Boston, MA 02108, or by the State Treasurer.						
I certify that I am the person entitled to receive the payment under this application. I also certify that the information herein provided is accurate to the best of my knowledge."						
Signature Date	SECTION					
Direct Deposit is mandatory for all members retiring after January 1, 2010. Statements can be viewed online at mass.gov/payinfo If sending voided check, please do not staple to this form.						

