

* Fax: 410-222-4512

ANNE ARUNDEL COUNTY GOVERNMENT RETIREE Direct Deposit Authorization Form

RETIREE'S NAME		SOCIAL SECURITY NO.		HOME PHONE #
4 DDIMADY	COOLINIT			
1. PRIMARY ACCOUNT (select checking or savings) CHECKING BANK ROUTING NUMBER SAVINGS		BANK NAME		
	ACCOUNT NUM	BER		
		MUST BE A FULL DEPOSIT		
2. SECONDAI	RY ACCOUNT - O	PTIONAL (select checking of	or savings)	
CHECKIN	CHECKING BANK ROUTING NUMBER		BANK NAME	
SAVINGS				
ACCOUNT NUMBER			A PORTION OF YOUR FULL DEPOSIT	
	ACCOUNT NOW		\$	OOK TOLL DETOOM
PRIMARY 1. DED CODE	RETIREE'S SIGNATU DO NOT WRITE FILE# ABA# IF DIFFERENT	BELOW THIS LINE ***** FOR I	FIII	DATE PRE-NOTE Y OR N
GEGOVE A DV			X	
SECONDARY 2. DED CODE	ABA# IF DIFFERENT	ACCOUNT# IF DIFFERE	NT FULL DEPOSIT	PRE-NOTE Y OR N
PROCESSED BY			DATE KEYED	
() WE COU	LD NOT PROCES	S THIS REQUEST FOR	R THE FOLLOWI	NG REASONS:
INSTRUCTIONS ARE ON THE BACK				

Pension/Benefits: 410-222-7400 <u>www.aacounty.org</u> Mail Stop: 9101

Employee Benefits Division – P.O. Box 6675 – Annapolis, MD 21401 Out of Area: 800-870-6169



INSTRUCTIONS:

- 1. Complete all applicable items down to signature line and sign the form.
- 2. Attach a voided or a copy of you personal check.
- 3. If your request is to a Savings Account, please provide a copy of any account verification your bank may have supplied.
- 4. Mail completed form to the address below.
- 5. Your form must be received by the 15th of the month in order to be processed the following month.
- 6. Once your request is processed, your following benefit check will be a live check and will be mailed to the address on file in the Benefits' office.
- 7. All subsequent checks will go to your new account.

Sample:

- a. January 15 request is processed
- b. February 1 live check
- c. March 1 new direct information will take place

Revised 11/30/06

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