ANNE ARUNDEL COUNTY
MARYLAND
County Executive Janet S. Owens

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 16TH OF THE MONTH FOR PROCESSING THE 1ST OF THE FOLLOWING MONTH.

RETIREE NAME	SOCIAL SECURITY NO.	RETIREE PHONE#

JOINT ACCOUNT HOLDER NAME	SOCIAL SECURITY NO.	PHONE#

1. PRIMARY ACCOUNT (select checking **or** saving)

		BANK ROUTING NUMBER	BANK NAME
☐	CHECKING		
☐	SAVINGS		

ACCOUNT NUMBER	MUST BE A FULL DEPOSIT

2. SECONDARY ACCOUNT -OPTIONAL (select checking **or** saving)

		BANK ROUTING NUMBER	BANK NAME
☐	CHECKING		
☐	SAVINGS		

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***

PRIMARY *FILE #* *WKLY/BI*

1. DED CODE	*ABA# IF DIFFERENT*	*ACCOUNT# IF DIFFERENT*	*FULL DEPOSIT*	*PRE-NOTE Y OR N*
			X	

SECONDARY

2. DED CODE	*ABA# IF DIFFERENT*	*ACCOUNT# IF DIFFERENT*	*FULL DEPOSIT*	*PRE-NOTE Y OR N*

PROCESSED BY *DATE KEYED*

( ) WE COULD NOT PROCESS THIS REQUEST FOR THE FOLLOWING REASONS: