Montgomery County Employees' Retirement System (MCERS)

Electronic Direct Deposit Authorization Form – Benefit Payments

I hereby make the following requests and authorizations relating to my benefit payments from the Montgomery County

Employees' Retirement System: (1) I request and authorize you to initiate credit entries to my Account indicated below; (2) I request and authorize you to initiate debit entries and adjustments for any credit entries made in error to the Account; and (3) I request and authorize the Financial Institution named below to credit and/or debit any such entries to the Account.

1. **Participant Name** _____
   (Full Name)

2. **Social Security Number** _____

3. **Participant Home Address** _____

   _____
   (City, State and Zip Code)

4. **Daytime Phone Number** _____ **Email:**_____

5. **Financial Institution's Name** _____

6. **Account Type** ☐ Checking ☐ Saving ☐ Other _____

7. **Basic Information** _____ _____
   (Bank Routing Number) *(Account Number)*

How to Submit Your Form:

1. **Attach a copy of your old and new bank account statement with your name, address, and account number shown.**
2. **Include a copy of your driver's license or current passport.**
3. **We cannot accept handwritten information as proof of account.**
4. **Deposits will only be made to Domestic US Banks.**

I understand that in the absence of a discrepancy or other unusual circumstance, will direct deposit my benefit payments within 30 days of your receipt of this form. In the event of a discrepancy, I understand that I will be required to provide corrected information by completing a new form. The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such time and in such manner as to afford you and my Financial Institution a reasonable opportunity to act on it. I hereby discharge from Montgomery County Employees' Retirement System (MCERS) all liability whatsoever for any actions taken by MCERS in accordance with the above request and authorization.

Participant Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM, ALONG WITH DOCUMENTATION AS DESCRIBED ABOVE, TO:

Montgomery County Employee Retirement Plans
101 Monroe Street, 6th Fl
Rockville, MD 20850
Phone: (240) 777-8230 | Fax: (240) 306-1389 | Email: retirement@montgomerycountymd.gov

Please keep a copy of this form for your records