



Howard County Retirement Plan  
Howard County Police and Fire Employees' Retirement Plan

Direct Deposit Authorization Form

*Retiree Information*

Social Security Number		

Last Name	First Name	MI

Number and Street Address	City	State	Zip Code
Daytime Telephone Number	Email Address		

*Bank Information*

Bank Name

Account Number	Bank Routing Number (9 digits)

This is a (select one):       Checking Account       Savings Account

(If this is a checking account, please attach a voided check to this form.)

I hereby authorize direct deposit of my monthly retirement check to the account designated above. I understand I must submit written notification if I wish to change or terminate these direct deposit instructions.

\_\_\_\_\_  
Retiree's Signature

\_\_\_\_\_  
Date

*Please allow up to 30 days for implementation.*

**Return this form to:  
Retirement Coordinator  
Howard County Office of Human Resources  
3430 COURT HOUSE DR.  
ELLICOTT CITY MD 21043**