



**Howard County Police and Fire Employees' Retirement Plan
Direct Deposit Authorization Form**

Retiree Information

Social Security Number		
XXX	XX	

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