





Maryland State Retirement  
and Pension System  
120 East Baltimore Street  
Baltimore, MD 21202-6700  
800-492-5909 • 410-625-5555  
sra.maryland.gov • docs@sra.state.md.us

# Direct Deposit Authorization

(continued)

## Provide Your Signature(s)

### Payee please sign below.

By signing my name below, I certify that I have read all instructions on this form. I certify that I am the payee identified above, and hereby authorize the SRA to deposit my payment into my account at my financial institution, and also authorize the SRA to share the information provided on this form for processing and validation purposes. I certify that I am the account holder of the account indicated on this form, and the account is not in the name of a trust. I authorize and direct the financial institution, on behalf of myself, any joint account holder, and my estate to charge my account for any amounts paid to which I am not entitled and to return any overpayments to SRA. I also authorize the release to SRA by the financial institution of my current address and names and current addresses of all persons listed on the account, including but not limited to those listed as "payable on death" or "transfer on death."

Payee First Name	Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Joint account holder please sign below.

By signing my name below, as a party to this account, I understand that I must immediately advise both the SRA and the financial institution of the death of the payee. I am personally liable to the SRA for the full amount of all withdrawn payments deposited after the death of the benefit recipient. I authorize the financial institution to provide the SRA with my current address.

Joint Account Holder First Name	Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## How to Submit Your Form to Us

### Important!

- Please send **both pages** of your completed form to us.
- You must **enclose a voided check**, deposit slip, or page 1 of your bank statement. **Do not attach it** to your form.
- Do not** give this form to your employer.

**Email:** docs@sra.state.md.us

**Fax:** 410-468-1707

**US Mail:** Maryland State Retirement Agency  
120 E. Baltimore St.  
Baltimore, MD 21202-6700

## How to Get Help with This Form

You can call us at 800-492-5909 or 410-625-5555.