



**DIRECT DEPOSIT — ELECTRONIC FUNDS TRANSFER SIGN-UP FORM**

RETIREMENT USE ONLY Form 85 (REV. 5/19)

If you need assistance in completing this application, call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

**SECTION I  
To Be Completed by Payee**

**Directions for Payee:**

- 1) Please read the instructions printed on the following page.
- 2) Complete SECTION I.
- 3) Provide this form to your financial institution so that they may complete Section II.

Please advise the State Retirement Agency (SRA) of change of home address to receive important information regarding benefits and taxes.

**A.** Social Security number of payee:    -   -

**B.**                  
First name of payee Initial  
                 
Last name of payee

Address (street, route, P.O. Box, APO/FPO)

City State ZIP code + 4

Area code Telephone number

**C.** If you are receiving more than one payment from the SRA please indicate which payment this EFT applies to:  
 Retiree  Beneficiary  All  Alternate Payee of:  
If alternate payee, print/type retiree's name: \_\_\_\_\_

**D.** Date that electronic fund transfer should begin: \_\_\_\_\_

**E. PAYEE AUTHORIZATION**  
By signing my name below, I certify that I am the payee identified above, and hereby authorize SRA to deposit my allowance into my account at my financial institution. 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 my behalf, on behalf of my joint account holder, if any, 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 by the bank or financial institution of my current address, 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" to SRA.

Signature of Payee Date

**JOINT ACCOUNT HOLDER CERTIFICATION**  
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 I am personally liable to the SRA for the full amount of all withdrawn retirement allowance or survivor benefit payments deposited after the death of the benefit recipient. I authorize the financial institution to provide the SRA with my current address.

Signature of Joint Holder (if any) Date

Printed Name

Address (street, route, P.O. Box, APO/FPO)

Address (City, state, ZIP code + 4)

**F.**  Check here only if your entire payment amount is subject to being transferred to a foreign bank account. See the following page for more information.

**SECTION II  
To Be Completed by Financial Institution**

**Directions for Financial Institution:**

- 1) Verify information in SECTION I.
- 2) Complete SECTION II.
- 3) Send completed form to:  
Maryland State Retirement Agency  
ATTN: EFT Department  
120 East Baltimore Street  
Baltimore, MD 21202-6700  
or fax to: EFT Department at 410-468-1700

**G. ROUTING NUMBER** Check digit

**H. PAYEE'S ACCOUNT NUMBER**  
List the payee's account number in the spaces provided below.

Important: This account must be in the payee's name, either individually or jointly.

<b>I. Type of account:</b> Place "X" in only one box <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account	SRA use only
	22 32

**J. FINANCIAL INSTITUTION CERTIFICATION**  
I confirm the identity of the named payee(s) and the joint account holder(s) and certify that the payee's name appears on the account provided in SECTION H. above. I confirm that all joint account holders have been listed in SECTION E. left. As a representative of this financial institution, I certify that the financial institution is an ACH-participating Depository Financial Institution. The financial institution agrees to receive and deposit the payment as identified. The financial institution agrees to abide by the NACHA Operating Rules and Guidelines, including the Rules for reclamation of benefits received after the death of the payee.

Name of financial institution:

Address of financial institution:

Authorized representative's signature:

Print/type representative's name and title:

Area code/telephone:

Date:

**MARYLAND STATE RETIREMENT AGENCY**  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-6700

**PLEASE READ THIS CAREFULLY**

**IMPORTANT:** It may take up to 30 days from receipt of a properly completed form and the existence of a retirement/beneficiary/alternative payee account, whichever is later, for the Maryland State Retirement Agency to process the request. To avoid delays in receiving your monthly pension benefit, do not close your old bank account until you have received the direct deposit of your monthly pension benefit into your new bank account listed on this form.

All information on the first page of this form, including the individual Social Security number, is required. The information is confidential and will be used only to process payment data from the Maryland State Retirement Agency to the financial institution and its agent. Failure to provide the requested information may prevent the receipt of payments through the Electronic Funds Transfer Program.

**Special Notice to Joint Account Holders**

Joint account holders should immediately advise both the Maryland State Retirement Agency and the financial institution of the death of the Maryland State Retirement Agency payee. Funds deposited after the date of death are to be returned to the Maryland State Retirement Agency. The Maryland State Retirement Agency will then make a determination regarding survivor rights, and process survivor benefit payments, if any.

**Cancellation**

The agreement presented by this authorization remains in effect until cancelled by the recipient by notice to the Maryland State Retirement Agency. Upon cancellation by the recipient, that recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Maryland State Retirement Agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Maryland State Retirement Agency.

**Changing Receiving Financial Institutions**

The payee's Electronic Fund Transfer arrangement will continue until the Maryland State Retirement Agency is notified by the payee that the payee wishes to change the financial institution receiving the Electronic Funds Transfer. To effect this change, the payee will complete a new Form 85. **The payee should maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Electronic Funds Transfer payment.**

**International Automated Clearing House Transaction Rules**

Electronic payments to your designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control.

If you receive your monthly retirement benefit via direct deposit at a U.S. bank and then you have the entire benefit amount forwarded to a foreign bank (a bank located in a country outside the United States), please check the box labeled **F** on the front side of this form.

sra.maryland.gov