

# Montgomery County Employees' Retirement System (MCERS)

Montgomery County Employee Retirement Plans  
101 Monroe Street, 15<sup>th</sup> floor  
Rockville, MD 20850  
Telephone: 240-777-8230 Fax: 301-279-1424

## Electronic Direct Deposit Authorization Form – Distributions

I hereby make the following requests and authorizations relating to my distribution/rollover 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** \_\_\_\_\_  
*(First Name)* *(Last Name)*
2. **Social Security Number** \_\_\_\_\_
3. **Participant Home Address** \_\_\_\_\_  
\_\_\_\_\_  
*(City)* *(State)* *(Zip Code)*
4. **Daytime Phone Number** \_\_\_\_\_
5. **Financial Institution's Name** \_\_\_\_\_
6. **Account Type**     Checking     Saving     Other \_\_\_\_\_
7. **Bank Information**    \_\_\_\_\_  
*(Bank Routing Number)* *(Account Number)*

**Please attach a VOIDED CHECK (For checking account only). This check must be imprinted with the name and address. We cannot accept starter checks or deposit slips. If the type of bank account elected is other than checking, or if you only have starter checks, then you must include a copy of your bank statement or a letter from the bank with the bank official's signature.**

I understand that in the absence of a discrepancy or other unusual circumstance, will direct deposit my distribution/rollover 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 keep a copy of this form for your records*