Howard County
MARYLAND

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

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