



THE COMMONWEALTH OF MASSACHUSETTS
State Board of Retirement
ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

**AUTHORIZATION FOR
DIRECT DEPOSIT OF
RETIREMENT BENEFIT**

PLEASE COMPLETE AND RETURN FORM TO BOSTON OFFICE (ADDRESS BELOW)

SECTION A (required)

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
SS#	Member ID (if known):	

SECTION B (required)

Name of Financial Institution:
All Names on Account:
Routing #:
Depositor Account #:
Please Check Appropriate Box: <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account, voided check attached
Are you receiving direct deposit in this account as an active employee of the Commonwealth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
*PLEASE INCLUDE A VOIDED CHECK IF BEING DEPOSITED INTO A CHECKING ACCOUNT
<input type="checkbox"/> Check box if any of the above direct deposit will go directly to a foreign bank or if the entire amount is forwarded from a domestic bank to a foreign bank.

PLEASE SIGN BELOW (required)

"I, _____ hereby authorize the State Treasurer to deposit my retirement benefit into my account at the financial institution named above. The State Treasurer is also authorized to debit or credit my account, to adjust any over deposit which it has caused to be made to my account. This authorization will remain in effect until revoked by me with thirty (30) days written notice to the Treasurer and Receiver General, One Winter Street, 8th Floor, Boston, MA 02108, or by the State Treasurer.

I certify that I am the person entitled to receive the payment under this application. I also certify that the information herein provided is accurate to the best of my knowledge."

_____ Signature _____ Date

THIS SECTION BOARD USE ONLY

Direct Deposit is mandatory for all members retiring after January 1, 2010.
Statements can be viewed online at mass.gov/payinfo.
***If including a voided check, please tape it to the back of this form. Do not staple.**