



**Office of Human Resources Management
Pensions and Investments**

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

A separate form must be completed for each type of request.

New Request

Change

Note: The account listed below must be held in your name. You are prohibited from assigning your benefit to any other person.

I authorize the Prince George's County Pension System and the financial institution listed below to initiate deposits automatically to the named account each month for the next feasible pay date or effective _____.

Print your name, your financial institution's name, address, and your account information. Attach a voided personal check, deposit slip or bank statement for verification of all financial institution information.

If you are receiving more than one payment, please indicate which payment this electronic fund transfer applies to _____.

Checking Account

Savings Account

(Please Print or Type)

Payee Name	Payee SSN		
Financial Institution Name	Financial Institution Phone Number		
Financial Institution Mailing Address	City	State	Zip Code
Financial Institution 9 Digit Transit / ABA Number	Account Number		

Mark the box to designate if this is for a primary or secondary account. For secondary accounts, specify the monthly amount to be deposited.

Primary Account

Secondary Account

Amount to be Deposited Monthly \$ _____

I hereby certify the account listed above is held in my name, as shown on the attached voided check, deposit slip or bank statement. This authorization will remain in effect until I have cancelled it in writing. I understand that it is my responsibility to notify the Prince George's County Benefits and Pensions Division of any change in the financial account status shown above.

Payee Signature

Date