

Direct Deposit Authorization Form

Section 1. Basic Information.

Please complete the following information:

Full Name: _____

Phone Number: _____

Email Address: _____

Employee Number: _____

Social Security Number: _____ Date of Birth: _____

Section 2. Bank Account Information.

Please complete the following information:

Name of Financial Institution: _____

Routing No: _____ Account No: _____

Account Type (Checking or Savings): _____

Section 3. Required Documentation.

If you **selected a checking account in Section 2**, then you must also include with this Direct Deposit Authorization either:

- **An original voided check that contains your name, address, financial institution name, routing number, and account number (temporary or starter checks will not be accepted); OR**
- **If you do not have checks that meet above requirements, then you are required to include your financial institution's signed, official account verification document.**

If you selected a savings account in Section 2, then you must also include with this Direct Deposit Authorization your financial institutions signed, official account verification document that contains your name, address, bank name and routing number, and account number. A deposit slip will not be accepted.

Section 4. Certification and Authorization.

By signing the below:

- I hereby certify that, to the best of my knowledge, the information provided above is complete and accurate. I authorize the electronic funds transfer to the financial institution and account identified in Section 2 (the "Financial Institution" and the "Account," respectively) and acknowledge that this direct deposit authorization shall remain in effect until revoked by me in writing to the MBTA Retirement Fund.
- I authorize the MBTA Retirement Fund to make any adjustments (debit or credit) as a result of errors.
- If funds to which I am not entitled are deposited into the Account, then I authorize the Financial Institution to immediately refund such funds to the MBTA Retirement Fund. If the funds in the Account are not sufficient to fully refund the funds to which I was not entitled, then I authorize and direct the Financial Institution to provide the MBTA Retirement Fund all information related to the Account, including transactions beginning on the first of the month in which the overpayment occurred, the names and address of all joint account holders and any individuals authorized to withdraw funds from the Account. I hereby release the MBTA Retirement Fund, the Financial Institution, and their respective employees and agents from any and all liability, costs, damages, or expenses arising from such disclosure and/or refund.

Signature

Date

Section 5. Submission Instructions and Important Information.

Once you have completed this Direct Deposit Authorization Form, please mail your completed, original form (with your original signature) to: MBTA Retirement Fund, One Washington Mall, 4th Floor, Boston, MA 02108. The MBTA Retirement Fund is unable to accept your form via email or fax. Please be aware:

- If you are unable to provide the documentation required in Section 3, then you must complete this Direct Deposit Authorization Form in person at the MBTA Retirement Fund's office and provide satisfactory evidence of identity (identification issued by a federal or state government agency bearing the photographic image of your face and signature) in lieu of such required documentation.
- If the MBTA Retirement Fund receives your original, completed Direct Deposit Authorization Form after the 10th of the month, then it will take effect with your payment for the following month.