

Direct Deposit Authorization Form

Date: _____

To: [Retirement Benefits Provider's Name]

Re: Direct Deposit Authorization for Retirement Benefits

Dear [Retirement Benefits Provider's Name],

I, [Your Full Name], am writing to authorize the direct deposit of my retirement benefits into my bank account. Below are the details of my bank account:

Account Holder Name: [Your Full Name]

Bank Name: [Your Bank Name]

Account Number: [Your Account Number]

Routing Number: [Your Routing Number]

Type of Account: [Checking/Savings]

I understand that my retirement benefits will be directly deposited into the specified bank account on the designated payment dates. I agree to notify you of any changes to my banking information.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]