



# City of Baltimore Retirement Savings and Deferred Compensation Plans Direct Deposit Authorization Form

## Personal Information

Name:	Social Security Number or Account Number:
Home Phone Number:	Work Phone Number:

## Financial Institution Information

Type of Account (check one):  Checking\*  Savings\*\*

\*Please note, all checks must contain preprinted name and address information. NRS will not accept starter checks or deposit slips.

\*\*Please submit an account verification letter from your financial institution.

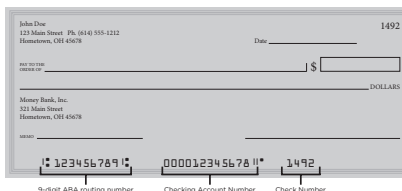
Financial Institution Name:
Financial Institution Phone Number:
Financial Institution Routing Transit Number (9 digits required):
Account Number:

## Authorization

I hereby authorize the plan administrator to initiate credit entries to my account with the financial institution named above. I understand that this authorization will remain in full force and effect during my lifetime or until I provide the plan administrator with a new Direct Deposit Authorization form indicating a change or cancellation. In the event the plan administrator notifies my financial institution that I am not entitled to the funds deposited in my account, I authorize that a debit adjustment to my account may be made. In the event this Direct Deposit Authorization form is incomplete or contains incorrect information, I understand a check will be issued to my address of record.

Name of Participant or Claimant (Please print):	
Signature of Participant or Claimant:	Date:

### Attach a voided check here (for deposits into checking accounts):



## Form Return

By mail: Nationwide Retirement Solutions  
PO Box 182797  
Columbus, OH 43218-2797

By fax: 877-677-4329

Overnight Address: Nationwide Retirement Solutions  
DSPF-F2  
3400 Southpark PI Ste A  
Grove City, OH 43123-4856