MIT Basic Retirement Plan Direct Deposit Authorization Form

Please note: All information is important for Direct Deposit. If you have any questions regarding the account / routing information you are filling out, please call your bank.

Your Name: _____ SSN: _____

Name of MIT Employee (if different): _____ Daytime Tel #: _____

Exact name(s) on account if different than above: _____

Type of Account *Check one box only.* ☐ **Checking (*attach voided check*)** ☐ **Savings (*attach deposit slip*)**

Complete ABA Routing number and account number below if voided check or deposit slip not attached.

ABA Routing Number (must be 9 digits): ☐☐☐☐☐☐☐☐☐

Name of Institution: _____ Account Number: _____

Address of Institution: _____

Effective Date NOTE: This completed form must be received by the MIT Benefits Office by the 10th of a month for your instructions to be effective with the next month's annuity payment.

Your Signature I hereby authorize the Trustees of the MIT Basic Retirement Plan to deposit my monthly pension into the account at the institution I have named above. I understand that this change will be made as soon as administratively feasible.

_____ _____

Signature Date

For more information, contact the MIT Benefits Office at (617) 253-5100. Return the completed form and voided check/deposit slip to:

MIT Benefits Office, E19-215
77 Massachusetts Avenue
Cambridge, MA 02139-4307