



STATE OF INDIANA HRA – SB501

980 - DIRECT DEPOSIT AUTHORIZATION FORM

Retiree Name _____

Retiree SSN _____

Employer: State of Indiana - Effective Retirement Date: _____

I hereby authorize and request the Key Family of Companies to initiate credit entries to the account indicated below:

_____ Checking Account _____ Savings Account

Account Number _____

Bank ACH Transit Routing Number _____

(use the TRN from your Checking Account, not the number on the Savings Deposit Slip)

Depository _____

(Bank Name)

Branch _____ City _____ State _____

This authorization will remain in effect until written notice is received by the Key Family of Companies that terminates this authorization.

NOTE: *In the event of a bank deposit rejection because the retiree fails to advise KBA of a change in the banking account utilized for direct deposits, a fee of \$30.00 may be assessed.*

Signature

Date

IMPORTANT:

CHECKING ACCOUNT – A VOIDED CHECK MUST BE ATTACHED
SAVINGS ACCOUNT – A VOIDED WITHDRAWAL SLIP MUST BE ATTACHED

Please attach a voided check (or withdrawal slip for savings account). If this is not available you must obtain the correct ACH transit routing number and bank account number from your bank where you want your reimbursement deposited.

