Authorization for Direct Deposit of Benefit Payments

South Dakota Retirement System
PO Box 1098 Pierre, South Dakota 57501-1098
Phone (888) 605-SDRS or (605) 773-3731 FAX (605) 773-3949

SDRS Form B-6

Benefit Recipient Information (Please print or type all items)

Recipient's Social Security Number	Last Name	First	MI	Maiden

Phone Number	Street Address or PO Box	City	State	ZIP Code

Benefit Recipient's Authorization and Signature (Must be witnessed by SDRS staff or notarized)

I authorize the South Dakota Retirement System to credit my benefit payments directly into the bank account provided on the attached voided check or identified by the account information provided below. This authority will remain in effect until I notify you in writing, in a timely manner to cancel it.

Benefit Recipient's Signature **Date**

Notary Public or SDRS Staff

Notary Public

STATE OF _____ COUNTY OF _____

Subscribed and sworn before me on this _____ day of _____, 20_____, by_____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary's Official Signature **Commission Exp.** **Affix Seal**

SDRS Staff

SDRS Staff Signature **Date**

Type of Account: ☐ Checking ☐ Savings

Benefit Recipient Name	
Financial Institution Name and Address	
Routing Number	Account Number

Or attach voided check here