



Authorization for Direct Deposit of Benefit Payments

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

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
<u>Or attach voided check here</u>	