

***PSAB - Municipal Retirement Trust***  
**Form A-6: Retirement Benefit Direct Deposit Application**

**From (Municipality):** \_\_\_\_\_

**Plan Name:** \_\_\_\_\_

**To:** PSAB – MRT  
ATT: Linda  
2941 North Front Street  
Harrisburg, PA 17110

**Participant Name:** \_\_\_\_\_

**Participant Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

Please consider this my authorization to you to deposit my monthly retirement checks directly into the following bank account:

**Bank Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

**Bank Transit or Routing Number\*:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Account Number\*:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

*\* Without this information, we cannot set up direct deposit.*

**IMPORTANT: Please attach a voided check if your pension will be deposited into a checking account.**

**Distribution**

Signed original to PSAB-MRT, one signed copy retained by participant.