

STATE STREET GLOBAL ADVISORS  
Retirement Investment Services  
P.O. Box 1389  
Boston, MA 02104

DIRECT DEPOSIT FORM FOR: DIOCESE OF GARY

PRINT NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

I hereby request all payments from the Diocese of Gary to be deposited in my account # \_\_\_\_\_ until such time as this authorization is revoked in writing.

Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Your benefit payment check will be sent via Automated Clearing House (ACH) directly to your financial organization.

Check which account type you would like your benefit payment to be deposited in:

Saving Account \_\_\_\_\_ Checking Account \_\_\_\_\_

The following is to be completed by retiree's financial institution, or a voided check (not deposit slip) from the appropriate account may be attached below:  
*NOTE: Please write "VOID" across the check.*

BANK ROUTING NUMBER: \_\_\_\_\_

PAYEE ACCOUNT NUMBER: \_\_\_\_\_

FINANCIAL INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

Diocese of Gary  
9292 Broadway  
Merrillville, IN 46410

ATTN: Karen Walsh

Is there a change of home mailing address?

\_\_\_\_\_  
Street

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