



San Joaquin County Employees' Retirement Association

6 S. EL DORADO STREET, SUITE 400, STOCKTON, CA 95202-2804

ELECTRONIC FUND TRANSFER AUTHORIZATION

I hereby authorize San Joaquin County Employees' Retirement Association to deposit all pension/annuity payments due me from the SJCERA directly into the account identified below. This authority will remain in effect until I notify SJCERA in writing to terminate this authorization. I understand that I must give SJCERA enough notice to allow a reasonable time to act on my instructions. In the event an overpayment from SJCERA is credited to my account during or after my lifetime, I authorize SJCERA to direct my financial institution to refund same to SJCERA and charge such payment to my account.

This Section to be Completed by Retiree

Section I MEMBER INFORMATION	First Name		Middle Name	Last Name
	Mailing Address			Social Security Number - -
				Member ID
	City	State	Zip Code	Home Telephone Number ()
	Retiree Signature			Date
	Signature of joint account holder if any required			Date

My voided blank check is attached.

OR

Completed by Your Financial Institution

Section II FINANCIAL INSTITUTION	Financial Institution Name		
	Branch Address		
	Branch City	Branch State	Branch Zip Code
	Type of Account: (Check one only) <input type="radio"/> Regular Checking <input type="radio"/> Savings		
	Transit Routing/ABA Number: <input type="text"/>		
	Account Number <input type="text"/>		
We verify the accuracy of the above information and agree to refund SJCERA any amounts found to be overpayments.			
Print Name of Authorized Employee		Title	
Signature		Telephone Number ()	

Section III SJCERA USE	SJCERA Use Only		
	Acceptance of this instruction is shown on:		
_____	_____	_____	
Process date	To be effective	Date letter sent to retiree	