



San Joaquin County Employees' Retirement Association

ELECTRONIC FUND TRANSFER

Section I - Authorization Agreement (Completed by Retiree)

I hereby authorize you to deposit all pension/annuity payments due me from the San Joaquin County Employees' Retirement Association directly into the account named below. This authority will remain in effect until I have given you written notice that I have terminated it. I understand that I must give you enough notice to allow you reasonable time to act on my instructions. In the event an overpayment should be credited to my account during or after my lifetime, I authorize you to direct my bank to refund same to you and charge such payment to my/our account.

Retiree Information:

Print First Name _____ Print Middle Name _____ Print Last Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____ Telephone Number _____

Retiree Signature _____ Date _____

A joint account requires additional signature:

Additional Signature _____ Date _____

(Please Attach a Voided Blank Check or Personalized Deposit Slip)

Section II - Enrollment Form (Completed by your Bank/Credit Union)

Bank Credit Union Name _____

Branch Address _____

Branch City _____ Branch State _____ Branch Zip _____

Account Number

Type of Account: (Check one only) Regular Checking Savings

Transit Routing/ABA Number:

We verify the accuracy of the above information and agree to refund SJCERA any amounts found to be overpayments as described in Section I.

Print Bank Employee Name _____ Title of Bank Employee _____

Bank Employees' Signature _____ Bank Telephone Number _____

Section III - Authority to Proceed (Completed by Retirement Office Staff)

Acceptance of this instruction is shown on:

Process Date _____ To be effective _____ Date letter sent to retiree _____

