



San Joaquin County Employees' Retirement Association

6 S. EL DORADO ST, STE 400 STOCKTON, CA 95202-2804 TEL: (209) 468-2163 • FAX: (209) 468-0480

DIRECT DEPOSIT 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 Retired Member

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

My voided 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 _____