



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
	E-mail Address			Social Security Number
	Mailing Address			Member ID
	City	State	Zip Code	Home Telephone Number
	Signature of Retired Member			Date
	Signature of joint account holder if any required			Date

My Voided Blank Check 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="checkbox"/> Regular Checking <input type="checkbox"/> 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			