

DIRECT DEPOSIT AUTHORIZATION



Sonoma County Employees' Retirement Association
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403
Tel: (707) 565-8100 / Fax: (707) 565-8102 / www.scretire.org

New Direct Deposit Enrollment Update **All** Existing Direct Deposit Stop **All** Direct Deposit

Primary Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name _____		
(Deposit amount will be your entire payment or remaining amount after Second Account Deposit Amount)		

Second Account (Flat Amount) - Optional	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name _____		
<input type="checkbox"/> Flat Deposit Amount \$ _____	<input type="checkbox"/> Stop Only Second Account Deposit	

Required Supporting Documentation for All Accounts Bank Routing Number and Bank Account Number

Please attach a voided check that has the bank routing number and account number pre-printed (do not attach a deposit slip) or a letter on your bank's letterhead that includes your pre-printed bank routing number and account number. We cannot process your request without the required information.

- ❖ For more information about direct deposit, go to scretire.org.
- ❖ Pursuant to Federal and State Law, SCERA will only process Direct Deposit to U.S. banks, savings and loan institutions, or credit unions who accept Automatic Clearing House (ACH). Direct Deposits may only be credited to the account of a retired member or survivor of a deceased retired member.
- ❖ Any changes to your primary account will void your existing second account election. Please submit required documentation to enroll/re-enroll a second account.
- ❖ By signing below, I represent, under penalty of law, that I am an owner of the account(s) designated for receipt of payment by direct deposit and I hereby authorize the Sonoma County Employees' Retirement Association (SCERA) to make payments of my net earnings by initiating credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the above bank account(s) and the depositories as shown.

Further, I understand and agree that SCERA may stop direct deposits if I fail to keep SCERA informed of my current address.

_____	XXX-XX-_____
Print Name	SSN last 4 digits
_____	_____
Signature	Date Signed
_____	_____
Home Phone	/ Cell Phone