

DIRECT DEPOSIT AUTHORIZATION FORM

SamCERA



San Mateo County Employees' Retirement Association
100 Marine Pkwy, Suite 125, Redwood Shores, CA 94065
Phone: (650) 599-1234 Fax: (650) 591-1488 Toll Free: (800) 339-0761
Website: www.samCERA.org Email: samCERA@samCERA.org

PLEASE PRINT CLEARLY

Last 4-digit of Social Security Number: XXX-XX-	Last Name:	First Name, Middle Initial:
Telephone Number:	Mailing Address:	

PLEASE CHECK ONE:

Mark here for Savings Account

Account Number _____

Routing Number _____

Name of the Bank _____

Mark here for Checking Account

Account Number _____

Routing Number _____

Name of the Bank _____

For the protection of our members, *SamCERA* will not process this form unless one of the following items is attached:

Savings Account: Attach a bank statement containing your name, the account number, and routing number OR a certified letter from the bank denoting your name, account number, and routing number.

Checking Account: Attach a voided check with your name preprinted on the check (not hand written) OR a bank statement containing your name, the account number, and routing number OR a certified letter from the bank denoting your name, account number, and the routing number.

I hereby authorize SamCERA to deposit my monthly retirement pension by electronic funds transfer into the above account. I further authorize SamCERA to initiate credit entries and if necessary to initiate debit entries and adjustments for any credit entries made in error to the account.

Member's Signature:	Date:
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Note: If this form and required documents are received by the 15th of the month, your direct deposit should go into effect for the current month. However, if it is received after the 15th, it will be effective the following month.