

AUTHORIZATION FOR DIRECT DEPOSIT



Complete this form to sign up for direct deposit of your retirement warrant.

- **Checking Accounts:** Attach a voided check or photo scan of a check (not a deposit slip) with your name pre-printed on the check (not hand-written), or a certified letter from the bank denoting your name, account number, and routing number.
- **Saving Accounts:** Attach a savings account statement or a certified letter from the bank denoting your name, account number, and routing number.

Return the completed form by mail or in person to SCERS; or by contacting SCERS to request a digital (DocuSign) version. SCERS will not accept this form by fax or email.

Select which account this form applies to. Complete a separate form to authorize direct deposit for each account.

Retiree

Beneficiary

Ex-spouse

SECTION 2

Institution Name : _____

Type of Depositor Account (**CHECK ONLY ONE**) : Checking Savings

Nine-Digit Routing Number : _____

Account Number : _____

SECTION 3

Name : _____ DOB : _____ SSN : XXX-XX- _____
(please print) (month/day/year) (last four digits only)

In signing this form, I authorize SCERS to send 100% of my net pay to the financial institution and account designated in Section 2 above. This authority is to remain in full force and effect until SCERS has received written notification from me of its termination and is afforded a reasonable opportunity to act on it.

I acknowledge that SCERS may debit my account with amounts transferred after my date of death or transmitted in error.

Signature : _____ Date : _____

Address : _____

Phone : _____ Email : _____

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