

AUTHORIZATION FOR DIRECT DEPOSIT



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

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.

SECTION 1

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

In signing this form, I authorize the Chief Executive Officer (CEO) of SCERS or his designee to send 100% of my net pay to the financial institution and account designated in Section 2 below.

I authorize amounts transmitted after my date of death or transmitted in error to be debited to my account. This authority is to remain in full force and effect until the CEO has received written notification from me of its termination and is afforded a reasonable opportunity to act on it.

Signature : _____ Date : _____

Address : _____

Phone : _____ Email : _____

SECTION 2

Institution Name : _____

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

Nine-Digit Routing Number : _____

Account Number : _____