

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 email.

I. APPLICABLE ACCOUNT

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

Retiree Beneficiary Ex-Spouse

II. ACCOUNT INFORMATION

Institution Name: _____

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

Nine-Digit Routing Number: _____

Account Number: _____

III. MEMBER ACKNOWLEDGMENT

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.

Print Full Name: _____ SSN: XXX-XX- _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ DOB (MM-DD-YYYY): _____

Signature

Date

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