

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

Primary Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name _____		
<input type="checkbox"/> Start	<input type="checkbox"/> Change	<input type="checkbox"/> Stop

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

Primary Account Information
Bank Routing Number and Bank Account Number

Please attach a voided check here or a form letter from your bank.
The attached form must include the bank routing number
and your account number.
We cannot process this form without it.

Optional Second Account Information
Bank Routing Number and Bank Account Number

Please attach a voided check here or a form letter from your bank.
The attached form must include the bank routing number
and your account number.
We cannot process this form without it.

❖ **By signing below, I represent, under penalty of law, that I am an owner of the account 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 accounts 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.

Print Name

XXX-XX-_____
SSN last 4 digits

Signature

Date Signed

Home Phone / Cell Phone