Stanislaus County Employees' Retirement Association

Authorization Agreement to Stop Automatic Deposit

Type or print in ink.

RETIREE INFORMATION

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

NEW ADDRESS? ☐ **YES** ☐ **NO**

MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
HOME ADDRESS:	**CITY:**	**STATE:**	**ZIP CODE:**

HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:

EFFECTIVE DATE

Requests received after the 10th of each month will be processed the following month.

Requested Change Effective Date: ____________________

AUTHORIZATION

I hereby authorized the Stanislaus County Employees' Retirement Association to stop direct deposit of my monthly retirement benefit. I request future monthly benefit payments to be mailed to the address indicated above.

Retiree Signature: ______________________________ Printed Name: ______________________________ Date: ____________