



### Authorization Agreement for Automatic Deposit

Type or print in ink.

#### SECTION 1: PAYEE 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:	

#### SECTION 2: FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION:	PHONE NUMBER:		
ADDRESS:	CITY:	STATE:	ZIP CODE:
ROUTING NUMBER:	ACCOUNT NUMBER:		

#### ACCOUNT INFORMATION:

##### TYPE OF ACCOUNT:

- Checking Account:* **Attach voided check or bank documentation** with routing and account number (deposit slips not accepted).
- Savings Account:* **Attach bank documentation** with routing and account number.

#### **IMPORTANT PAYROLL INFORMATION:**

All payroll changes must be submitted prior to the 10th of every month, to become effective the following month.

#### SECTION 3: AUTHORIZATION

*I hereby authorized the Stanislaus County Employees' Retirement Association to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account, and the depository named above to credit and/or debit the same to such account. The U.S. Postal Service does not forward StanCERA correspondence. Failure to maintain a current U.S. postal address or, mail returned to StanCERA, may result in a suspension of my direct deposit.*

Retiree Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### STANCERA USE ONLY:

