



Authorization Agreement for Direct Deposit

Return this completed form by mail or in person to StanCERA, or by contacting StanCERA to request a digital (DocuSign) version. StanCERA will not accept this form by fax or email.

- Forms must be filled out completely, incomplete forms will not be accepted.
- Forms will be rejected if voided check or letter from bank is not attached.
- Voided check must have name and address printed on the check.
- Name and address must match StanCERA member record.
- Change of address will not be accepted on this form.
- To change address, contact StanCERA.

Section 1: Retiree/Payee Information				
FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	STANCERA ID:
MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME ADDRESS:		CITY:	STATE:	ZIP CODE:
PRIMARY PHONE:	<input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Other	EMAIL ADDRESS:	

- Start Automatic Deposit
 Stop Automatic Deposit
 Change Automatic Deposit

Section 2: Account Information
TYPE OF ACCOUNT: <input type="checkbox"/> <i>Checking Account:</i> Attach voided check or bank documentation with routing and account number (deposit slips not accepted). <input type="checkbox"/> <i>Savings Account:</i> Attach bank documentation with routing and account number.
<p><u>Important Payroll Information:</u></p> <p>All payroll changes must be submitted prior to the 10th of every month, to become effective the following month. Any change request must include a voided check or bank documentation from bank.</p>

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/Payee Signature: _____ Printed Name: _____ Date: _____

