

## Direct Deposit Authorization—Instructions

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Use this *Direct Deposit Authorization* form to enroll, change or cancel direct deposit for your CalSTRS payment. For faster processing, enroll and manage your direct deposit account online using your *myCalSTRS* account at CalSTRS.com.

### SECTION 1—PAYEE AUTHORIZATION: NEW, CHANGE OR CANCEL

**NEW OR CHANGE:** By checking the NEW or CHANGE box, signing and submitting this form, you are authorizing CalSTRS to transmit any benefit payments due by electronic funds transfer to the designated account. You also agree to receive your benefit payment statements (also known as direct deposit advices) online through your *myCalSTRS* account.

If you would like to receive your benefit payment statements by U.S. mail, submit your request in writing to CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275 or by using your *myCalSTRS* account. In your letter, include the payee's name, Client ID or SSN, mailing address and sign and date the request.

Note: There may be some instances when benefit payment statements will be sent by U.S. mail.

Electronic payments to your designated account must meet NACHA requirements. The requirements are designed to comply with U.S. law and impose additional reporting requirements on all electronic payments, including direct deposits that directly involve a financial institution outside the territorial jurisdiction of the United States. Per the State Controller's requirements, if you receive your monthly benefit payment via direct deposit at a U.S. financial institution and then have the entire amount forwarded to a financial institution in another country, you will be issued a paper check in lieu of the direct deposit.

**CANCEL:** By checking the CANCEL box, signing and submitting this form, you are authorizing CalSTRS to cancel an existing direct deposit authorization.

### SECTION 2—PAYEE INFORMATION

Provide payee name, Client ID or SSN, mailing address, telephone number and email addresses.

**View and print your current and past benefit payment statements from your *myCalSTRS* account.**

### SECTION 3—PAYEE ACCOUNT INFORMATION

**Checking Account Deposits:** Select "Checking Account" box and attach a voided personal check to this authorization to assist us in verifying your account and routing numbers.

**Savings Account Deposits:** Select "Savings Account" box and provide your routing number and account number.

### GENERAL INFORMATION

Mail your completed Direct Deposit authorization to: **CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275 or fax to 916-414-5474.**

Your first payment will be deposited into your account within 60 to 90 days after we receive the authorization.

Your direct deposit will continue to be deposited into your designated account until we are notified in writing using this form or online using your *myCalSTRS* account that you wish to change or cancel your direct deposit authorization. To avoid delay in processing your payments, do not close your old account until your first payment is deposited into your new account.

Note: If your home address is outside California and you do not submit a new *Income Tax Withholding Preference Certificate* form, we will discontinue withholding state tax from your benefit. If you are moving from another state to California and do not submit an *Income Tax Withholding Preference Certificate* form, we will withhold state tax from your benefit at the rate for a married person with three allowances.

To avoid delays in benefits or communications, promptly update changes to your mailing address online using your *myCalSTRS* account or the *Address Change Request* form, available at CalSTRS.com.

### PRIVACY NOTICE

CalSTRS is authorized by California Education Code sections 24604 and 22450 to collect and use the information on this form for identification and enrollment processing for payment of benefits by direct deposit. The information collected will be disclosed to the State Controller's Office, an originating financial institution and the Federal Reserve Bank for the purpose mentioned. You must provide all information on this form. Failure to provide the mandatory information may result in non-enrollment of your direct deposit, or could cause the enrollment to be processed incorrectly. You have the right to review the file maintained on you by CalSTRS upon proper identification. Contact CalSTRS by calling 800-228-5453 or write to CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275.

# Direct Deposit Authorization

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# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 85  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

Use this form to authorize CalSTRS to send your benefit payments electronically to your designated account, or to change or cancel your current direct deposit authorization. For faster processing, use your *myCalSTRS* account. Please use black or blue ink and print clearly. Mail your completed *Direct Deposit Authorization* form to CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275 or fax to 916-414-5474.

## Section 1: Payee Authorization: NEW, CHANGE or CANCEL (select one)

**NEW** or  **CHANGE** I authorize CalSTRS to directly deposit my benefit payments via electronic funds transfer. I agree to receive my benefit payment statements (also known as direct deposit advices) electronically unless I request otherwise in writing. I certify that the entire payment amount of my direct deposit is NOT ultimately deposited into a financial institution outside of the United States. I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).

**CANCEL** I hereby cancel my Direct Deposit authorization.



PAYEE SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

## Section 2: Payee Information

PAYEE PRINTED NAME

PAYEE CLIENT ID OR SSN

MAILING ADDRESS

TELEPHONE NUMBER

CITY, STATE AND ZIP CODE

EMAIL ADDRESS

## Section 3: Payee Account Information (select one)

**Checking** Attach a voided check from your financial institution here. (Do not attach a deposit slip.)

**Savings** Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_



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