



# Direct Deposit Authorization

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (800) 959-6545

## Section 1

### Information About You

A separate form must be completed for each type of retirement benefit to be sent by Direct Deposit.

You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. You can review your statement online or receive it by mail from the California State Controller's Office. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID
Address		( ) Daytime Phone
City	State	ZIP Code

## Section 2

### Information About Your Account

If you are authorizing your payment to your savings account or do not have pre-printed, personalized checks, please have your financial institution complete this section.

Checking  Savings  Individual  Joint (If so, Complete Section 3)  Trust Account \*

Routing Number (nine digits)	Account Number
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Please use tape to attach your voided, pre-printed personalized check. (Do not staple or paper clip. No deposit slips.)

Name of Financial Institution	( ) Branch Phone Number	
Address		
City	State	ZIP Code

You confirm the identity of the above-named payee and the account number. As a representative of the above named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative	Print Representative's Name	Date (mm/dd/yyyy)
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## Section 3

### Information About Joint Account Holder (If applicable)

Name	Social Security Number or CalPERS ID	
Address	( ) Daytime Phone	
City	State	ZIP Code

**Section 4**

**Certification**

Signature required.

I certify I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to my financial institution and deposited to my designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account. Additionally, I certify that the funds received are not deposited to an account that is subject to being transferred to a foreign financial institution.\*\*

\*\*To comply with new NACHA regulations regarding international ACH Transactions (IAT), CalPERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction of the United States includes all 50 states, U.S. territories, U.S. military bases and U.S. embassies in foreign countries.) If your entire benefit allowance will be received by a financial institution outside the territorial jurisdiction of the U.S., you will be issued a paper check in lieu of the EFT.

Signature of Payee

Date (mm/dd/yyyy)

- I elect to view my statement online.\*\*\* **or**
- I elect to receive my statement by mail.

Direct Deposit statements are available online.

\*\*\* Don't have a Username? Register online at [my.calpers.ca.gov](http://my.calpers.ca.gov).