



DIRECT DEPOSIT AUTHORIZATION

Marin County Employees' Retirement Association
One McInnis Parkway, Suite 100, San Rafael, CA 94903-2764
Main: (415) 473-6147 • Fax: (415) 473-3612 • Web: www.mcera.org

for Retirees and Beneficiaries

SECTION 1: MEMBER INFORMATION

LAST NAME		FIRST NAME		SOCIAL SECURITY NUMBER	
STREET ADDRESS				PHONE NUMBER	
CITY		STATE	ZIP CODE	EMAIL ADDRESS	

SECTION 2: ACCOUNT INFORMATION

Please check one: <input type="checkbox"/> Checking Account (tape voided check below) <input type="checkbox"/> Savings Account (attach verification letter from your bank that includes your name, account number and routing number)	Name of financial institution <div style="border: 1px solid black; padding: 5px;"> Your Name 2468 Your Address Your City, State ZIP DATE _____ PAY TO THE ORDER OF _____ \$ <input type="text"/> <div style="text-align: right;"><small>DOLLARS</small></div> </div> Name of Financial Institution Financial Institution Address City, State ZIP MEMO _____ <div style="border: 1px solid black; padding: 2px;"> # 123456780 # 110001234560123 2468 </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Routing number Account number </div>
NAME OF FINANCIAL INSTITUTION	
ROUTING AND TRANSIT NUMBER	
ACCOUNT NUMBER	

This sample check will assist you in locating your financial institution's routing number and account number. If your account is a savings account, please contact your financial institution to obtain the routing number.

SECTION 3: AUTHORIZATION AGREEMENT & SIGNATURE

I hereby authorize the Marin County Employees' Retirement Association (MCERA) to initiate deposits and/or corrections to previous deposits to the financial institution indicated above. All prior payment directions are revoked. I further authorize the financial institution to credit and/or correct the amounts posted to my account. This authorization will remain in effect until canceled by written notice from me to MCERA.

MEMBER SIGNATURE	DATE
------------------	------

