



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

Important note: All Direct Deposit change requests must be received in hard copy. Requests received and validated by the 15th of the month will be processed that month. If the request is received and validated after the 15th of the month, a check will be issued that month and mailed to the address on file. Direct deposit will resume after MCERA validates the request.

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 (must include voided check) <input type="checkbox"/> Savings Account (must 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;"> <p>Your Name _____ 2468 Your Address _____ Your City, State ZIP _____ DATE _____</p> <p>PAY TO THE ORDER OF _____ \$ _____ DOLLARS</p> <p>Name of Financial Institution Financial Institution Address _____ City, State ZIP _____</p> <p>MEMO _____</p> <p>⑆ 123456780⑆ 110001234560123 2468</p> <p style="text-align: center;">Routing number Account number</p> </div> <p><i>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.</i></p>
NAME OF FINANCIAL INSTITUTION	
ROUTING AND TRANSIT NUMBER	
ACCOUNT 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

YOU MUST ATTACH A VOIDED CHECK OR DIRECT DEPOSIT INSTRUCTIONS FROM YOUR BANK

THIS SECTION FOR MCERA USE ONLY				
<input type="checkbox"/> INITIAL SET UP	DATE RECEIVED	DATE VALIDATED	STAFF INITIALS	FIRST PAY DATE EFFECTIVE
<input type="checkbox"/> CHANGE REQUEST				