



348 W. Hospitality Lane, Third Floor, San Bernardino, CA 92415-0014

909-885-7980

DEDUCTION AUTHORIZATION

Please print Name, Address, City, State, Zip below.

Name of Organization: _____

Purpose of Deduction: _____

I, _____ authorize the San Bernardino County Employees' Retirement Association to deduct / cancel the amount indicated for each monthly retirement check beginning: _____
(MM/DD/YYYY)

Amount: \$

- New Deduction
- Revise current deduction amount
- Cancel current deduction

Payee Signature

Date

Area Code & Phone Number