



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

909-885-7980

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Please follow the directions below in order to take advantage of this service.

1. Mark the box for the type of account to indicate whether you would like your check deposited in your checking or savings account.
2. Mark the box to indicate if this is a New Authorization Request, or a Change to your financial institution or account number.
3. Fill in today's date, your name, and your financial institution's name and location. Include the Co-Applicant's name if it is a joint account.
4. Attach a voided personal check, voided deposit slip, or bank statement for verification of financial institution information requested below. If you are unable to provide this documentation, please fill in the financial institution's 9 digit transit / ABA number and your account number below.
5. Return the completed form to:
 San Bernardino Employees Retirement Association (SBCERA)
 348 W. Hospitality Lane
 3rd Floor
 San Bernardino, CA 92415-0014
6. Notify SBCERA in writing of any change of address.

I authorize SBCERA and the financial institution listed below to initiate credit entries automatically to my

Checking Account Savings Account

each month and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below. I also authorize the financial institution named below to credit / debit the same to such account at the next feasible pay date.

(Please Print or Type)

New Request Change

Payee Name	Payee SSN
Financial Institution Name	Financial Institution Phone Number
Financial Institution Mailing Address	State Zip
Financial Institution 9 Digit Transit / ABA Number	Account Number

This authorization will remain in effect until I have cancelled it in writing and in such time as to afford SBCERA a reasonable opportunity to act on it. I will notify SBCERA of any change in the financial account status shown above.

Payee Signature

Date