



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

909-885-7980

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER**

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 allowance deposited into your checking or savings account.
2. Mark the box to indicate if this is a New Request, or a Change to your financial institution or account number.
3. Fill in your name, your financial institution's name and location, and your account information. Include the Co-Applicant's name if it is a joint account.
4. Attach a voided personal check, deposit slip or bank statement for verification of all financial institution information.
5. Return the completed form to:  
 San Bernardino Employees' Retirement Association (SBCERA)  
 348 W. Hospitality Lane  
 Third Floor  
 San Bernardino, CA 92415-0014

**Note: The account listed below must be held in your name. SBCERA is prohibited from assigning your benefit to any other person, for any reason.**

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.

- New Request**
   
  **Change**

(Please Print or Type)

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

I hereby certify the account listed above is held in my name, as shown on the attached voided check, deposit slip or bank statement. 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