



San Bernardino County Employees' Retirement Association

348 W. Hospitality Lane, Suite 100  
San Bernardino, CA 92408

P: 909.885.7980  
E: [fiscalservices@sbcera.org](mailto:fiscalservices@sbcera.org)

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

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

1. Mark the box to indicate whether you would like your benefit deposited in 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 and last four digits of your social security number.
4. Attach a voided check or letter from your bank with Direct Deposit instructions for verification.
5. Return the original completed form to:  
San Bernardino Employees' Retirement Association (SBCERA)  
348 W. Hospitality Lane | Suite 100  
San Bernardino, CA 92408

**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 deposit my payment automatically to my

**Checking Account**

**Savings Account**

each month and, if necessary, to adjust or reverse a deposit for any entry made to my account in error.

**New Request**

**Change\***

**Effective Date** \_\_\_\_\_

**\*Requests for changes received after the 15<sup>th</sup> day of the month may not be effective until the following month.**

(Please Print or Type)

|                  |                                |
|------------------|--------------------------------|
| <b>Full Name</b> | <b>Last Four Digits of SSN</b> |
|------------------|--------------------------------|

I hereby certify the account above is held in my name, as shown on the attached voided check or letter from your bank. 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

**Attach Voided Check Here**