

Authorization Agreement for Direct Deposit

P: 909.885.7980 | E: memberservices@sbcera.org | sbcera.org

Submit this Form:

Mail | 348 W. Hospitality Lane Suite 100,

San Bernardino, CA 92408 | 909.884.1904

Fax | 909.884.1904
Online | SBCERA.org/mySBCERA

Section 1

For security and identification purposes, we require your SBCERA ID number or the last four digits of your SSN.

Your SBCERA identification number can be accessed in your mySBCERA account.

SBCERA ID or Last Four Dig	its of SSN		
Last Name	First Name)	Middle Initial
Mailing Address	I		
City	State	Zip Code	
Phone Number	Email Add	Email Address	

Section 2

Authorization

Please indicate if you are authorizing a direct deposit to either a Savings
Account or a Checking
Account.

I authorize SBCERA and the financial institution listed below to deposit my payment to the account indicated below and, if necessary, to adjust or reverse a deposit for any entry made to my account in error. Enter as soon as possible (ASAP) or enter your requested effective date below.

Effective Date:	
Savings Account	
Checking Account	

Requests for changes received after the 15th day of the month may not be effective until the following month.

Section 3 M

Member Certification

This form will be rejected if this section is not complete and if a voided check or letter from your bank is not attached. I hereby certify the account as shown on the **attached voided check or letter from my 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.



X_____ Signature of Member

Attach Voided Check Here