



San Bernardino County Employees'
Retirement Association

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RESBC MEMBERSHIP DEDUCTION FORM & AUTHORIZATION TO RELEASE INFORMATION

By my signature below, I, _____ authorize the San Bernardino County Employees' Retirement Association (SBCERA) to **deduct** **cancel** the amount of \$1.00 from each of my monthly retirement benefit payments beginning _____ as payment of my Membership fee to the Retired Employees' of San Bernardino County (RESBC).
(MM/YYYY)

I agree that my signature below authorizes SBCERA to provide my current address, an email address, and updates of those addresses to RESBC so I can receive the Prime Time newsletter published by RESBC and any other communication sent by RESBC. I understand by authorizing the release of my address, including an email address, that RESBC may use this information for other purposes, such as mailing and other means of contacting me as prescribed by the RESBC Board. By my signature, I release SBCERA from any liability that may result from the release to RESBC of my information. You are advised to contact RESBC regarding its use and retention of your information.

Payee Signature

Date

Former Employer or Department	Email		
Mailing Address	City	State	Zip Code