



Direct Deposit Authorization

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (800) 959-6545

Section 1

Information About You

A separate form must be completed for each type of retirement benefit to be sent by Direct Deposit.

You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. You can review your statement online or receive it by mail from the California State Controller's Office. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

 Name (First Name, Middle Initial, Last Name) _____
Social Security Number or CalPERS ID

 Address ()
Daytime Phone

 City State ZIP Code

Section 2

Information About Your Account

If you are authorizing your payment to your savings account or do not have pre-printed, personalized checks, please have your financial institution complete this section.

Checking
 Savings
 Individual
 Joint (If so, Complete Section 3)
 Trust Account *

Routing Number (nine digits)

Account Number

Please use tape to attach your voided, pre-printed personalized check. (Do not staple or paper clip. No deposit slips.)

Name of Financial Institution
()
Branch Phone Number

Address

City
State
ZIP Code

You confirm the identity of the above-named payee and the account number. As a representative of the above named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative

Print Representative's Name

Date (mm/dd/yyyy)

Section 3

Information About Joint Account Holder (If applicable)

Name

Social Security Number or CalPERS ID

Address
()
Daytime Phone

City
State
ZIP Code

Section 4

Certification

Signature required.

I certify I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to my financial institution and deposited to my designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account. Additionally, I certify that the funds received are not deposited to an account that is subject to being transferred to a foreign financial institution.**

**To comply with new NACHA regulations regarding international ACH Transactions (IAT), CalPERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction of the United States includes all 50 states, U.S. territories, U.S. military bases and U.S. embassies in foreign countries.) If your entire benefit allowance will be received by a financial institution outside the territorial jurisdiction of the U.S., you will be issued a paper check in lieu of the EFT.

Signature of Payee

Date (mm/dd/yyyy)

- I elect to view my statement online.*** **or**
- I elect to receive my statement by mail.

Direct Deposit statements are available online.

*** Don't have a Username? Register online at my.calpers.ca.gov.