

AUTOMATIC DEPOSIT
AUTHORIZATION

Title

Form RP-3

Document No.

5/26/2020

Rev.

1 of 2

Page

READ THESE INSTRUCTIONS BEFORE COMPLETING THE AUTOMATIC DEPOSIT AUTHORIZATION FORM

NOTE DEADLINES AND DELAYS FOR LATE SUBMISSIONS*

Complete the attached Automatic Deposit Authorization Form to set up a new account or to change/add an account.

If you want to set up a new account in place of your current account, **enter only the information for the NEW account**. It will automatically supersede the prior account.

If you wish to cancel an existing account and **you will NOT be entering a new account in its place**, enter the existing account information and check the "TERMINATE DEPOSIT" box.

If you wish to deposit a specific amount in one account (secondary account) and the balance of your pension in another account (Primary) account, **complete Sections A and B**.

Attach one of your **pre-printed voided checks** to the form for each checking account. If you are entering a savings account or you have not received your checks, you may attach a copy of the bank's account information sheet if it includes the account number and routing number.

WHEN WILL THE AUTOMATIC DEPOSIT TAKE EFFECT?

If your completed automatic deposit form is received by the 5th day of the month, your next pension payment will be deposited automatically. If your form is received after the 5th day of the month, it may not be processed until the following month.

*WHAT WILL HAPPEN IF I SUBMIT THE FORM AFTER THE DEADLINE?

If you do not have an existing direct deposit account, the current month's pension payment will be issued as a check and mailed to you. The direct deposit will start the following month.

If you have an existing direct deposit account, the pension payment will go to that account. If this account has been closed, the payment will be returned. It will then be necessary to void the payment and reissue as a check. This will delay the receipt of your pension by approximately ten business days.

RETURN IT TO: Office of Retirement Services

City of San Jose

1737 North First Street, Suite 600

San Jose, CA 95112-4505

FAX: (408) 392-6732

EMAIL: retirement.dept@sanjoseca.gov



Title

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Document No.

Rev.

Page

Form RP-3

5/26/2020

2 of 2

RETIREMENT SERVICES					
NAME:		_ SOCIAL S	ECURITY	ζ#	
TELEPHONE#: (_)	_ DATE:			
SECTION – A (PRIMA	ARY ACCOUNT)				
Enter new account inform	mation below. This will autom	atically replace any pr	rior accou	nts.	
Type of Account:	Checking Saving	gs/Money Market			
Terminate Deposit:	(Check this box only if the account	nt entered below will no	t be replace	ed with a new acco	unt.)
NAME OF BANK:	_ BANK'S TELEPHO	C'S TELEPHONE: ()			
BANK ADDRESS:					
BANK'S ABA/ROUTING	NUMBER (9 DIGITS):				
ACCOUNT #:					
SECTION – B (SECON	NDARY)				
Type of Account:	Checking Saving	gs/Money Market			
Terminate Deposit:	(Check this box only if the account	nt entered below will no	t be replace	ed with a new acco	unt.)
NAME OF BANK:		BANK'S TELEPHO	NE: ()	
BANK ADDRESS:					
BANK'S ABA/ROUTING	NUMBER (9 DIGITS):				
ACCOUNT #:					
DEPOSIT AMOUNT:	Dollar Amount \$	Per	centage		
Balance is to go to the a	account listed in Section A.				
	THE RETIREMENT OFFICE TO TUTION(S) INDICATED ABOV		TIC DEPC	OSIT(S) OR TERM	INATE TO
NOTIFICATION FROM N	IS TO REMAIN IN FULL FORC ME OF CANCELLATION OR TH CANCEL MY DEPOSIT SERVICE	HE CITY OF SAN JOSE			
SIGNATURE:		DA	TE:		

Please send me my remittance stub in the mail each month (check box)