



San Diego County Employees
Retirement Association

Direct Deposit Change Request

This form applies to the following account/payment types:

- All Member Beneficiary Domestic Relations Order (DRO)

IMPORTANT NOTE: Updates to your account may not take effect until the month after SDCERA receives your form.

MEMBER INFORMATION																														
First Name	MI	Last Name	Social Security Number																											
Mailing Address			Mobile Phone Number																											
City	State	Zip	Personal Email																											
ACCOUNT INFORMATION CURRENTLY USED FOR DIRECT DEPOSIT (required)																														
Name of Bank		Amount of last SDCERA deposit into this account																												
Routing Number (nine digits)	Account Number (up to 17 digits)																													
NEW ACCOUNT INFORMATION AND AUTHORIZATION																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Your Name</td> <td rowspan="2" style="text-align: center; background-color: #e0e0e0;">Use this example to assist in locating your routing and account number OR attach a voided check. Only US bank accounts are eligible.</td> <td style="width:15%;">Date</td> <td style="width:15%; text-align: right;">2468</td> </tr> <tr> <td>Your Address</td> <td>\$</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td colspan="2">PAY TO THE ORDER OF _____</td> <td colspan="2" style="text-align: right;">DOLLARS</td> </tr> <tr> <td colspan="4">Name of Financial Institution _____</td> </tr> <tr> <td colspan="4">Memo _____</td> </tr> <tr> <td colspan="2" style="text-align: center;"> 123456780</td> <td colspan="2" style="text-align: center;"> 10001234560123 2468</td> </tr> <tr> <td colspan="2" style="text-align: center;">Routing Number</td> <td colspan="2" style="text-align: center;">Account Number</td> </tr> </table>				Your Name	Use this example to assist in locating your routing and account number OR attach a voided check. Only US bank accounts are eligible.	Date	2468	Your Address	\$		PAY TO THE ORDER OF _____		DOLLARS		Name of Financial Institution _____				Memo _____				123456780		10001234560123 2468		Routing Number		Account Number	
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Routing Number		Account Number																												
Routing Number (nine digits)	Account Number (up to 17 digits)																													
Name of Bank	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Is this a joint account? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the joint account holder section below)																												
I authorize SDCERA to deposit the net amount of my monthly retirement payment to the above financial institution. Any overpayments must be returned to SDCERA. I authorize SDCERA to initiate the return of any payments that I am not entitled to receive. This authorization is valid for all deposits unless otherwise noted. I revoke all prior payment directions.																														
Member's Signature _____			Date _____																											
JOINT ACCOUNT HOLDER INFORMATION AND AUTHORIZATION																														
Full Name	Social Security Number		Relationship to Member																											
Mailing Address (if different than above)	City	State	Zip																											
Personal Email			Mobile Phone Number																											
I will notify SDCERA of the death of the above-named Member and return any funds that were deposited by SDCERA in the above-named account after the Member's death. I further agree to allow debit transactions or payments sent after the Member's death that the Member was not entitled to receive.																														
Joint Account Holder's Signature _____			Date _____																											