

LACERA Direct Deposit Authorization Form

Retiree/Survivor Information

Form with fields: First Name, Middle Name, Last Name, Address, Apt. No., City, State, Zip Code, Social Security No., Daytime Phone

- Checkboxes for: New—I would like to receive my LACERA allowance by Direct Deposit... Change—I would like to change my Direct Deposit account number... Cancel—I would prefer to receive a paper check by mail each month...

Account Information

If you receive more than one check from LACERA, you may request that both checks be deposited into one account, or each check deposited to a different account.

Type of LACERA Check (check all that apply): Retiree Survivor Legal Split Payee

Form with fields: Financial Institution, Address, City, State, Zip Code

Type of Account

- Checkboxes for: Checking—attach a VOIDED check, Savings—contact your financial institution to obtain the routing number...

Routing # [] [] [] [] [] [] [] [] []

Account # [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

If you are changing Direct Deposit accounts or financial institutions: Will your old account remain open to accept your Direct Deposit until your new account receives the first Direct Deposit (up to two pay cycles)?

- Checkboxes for: Yes—I will keep my old account open until my new account receives the first Direct Deposit... No—I understand that I will receive paper checks by mail until my new account receives the first Direct Deposit...

Authorization

I certify under penalty of perjury that I am the legal account holder of the bank account referenced within this application. I hereby authorize LACERA to verify my ownership of, and to initiate direct deposits to, this account.

Member Signature X _____ Date: _____

Mail completed form to: LACERA, PO Box 7060, Pasadena, CA 91109-7060

