

Direct Deposit Authorization

MEMBER INFORMATION

First name	MI	Last name	Social Security number																
Mailing address			Daytime telephone number ()																
City			State ZIP																
Account number	Type of account (pick one):		<table border="1"> <tr> <td>Name of financial institution</td> <td>Check number</td> </tr> <tr> <td> <small>Your Name Your Address Your City, State ZIP</small> </td> <td>2468</td> </tr> <tr> <td> <small>PAY TO THE ORDER OF</small> </td> <td> <small>DATE</small> </td> </tr> <tr> <td> <small>\$</small> </td> <td> <small>DOLLARS</small> </td> </tr> <tr> <td colspan="2"> <small>Name of financial institution Financial institution address City, State ZIP</small> </td> </tr> <tr> <td colspan="2"> <small>MEMO</small> </td> </tr> <tr> <td> <small>⑆ 123456780⑆</small> </td> <td> <small>110001234560123</small> </td> </tr> <tr> <td> <small>Routing number (nine digits)</small> </td> <td> <small>Account number</small> </td> </tr> </table>	Name of financial institution	Check number	<small>Your Name Your Address Your City, State ZIP</small>	2468	<small>PAY TO THE ORDER OF</small>	<small>DATE</small>	<small>\$</small>	<small>DOLLARS</small>	<small>Name of financial institution Financial institution address City, State ZIP</small>		<small>MEMO</small>		<small>⑆ 123456780⑆</small>	<small>110001234560123</small>	<small>Routing number (nine digits)</small>	<small>Account number</small>
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Is this a joint account? <input type="radio"/> Yes <i>If yes, complete joint account information</i> <input type="radio"/> No	<input type="radio"/> Checking <input type="radio"/> Savings																		
Routing number (nine digits)																			
Name of financial institution (include branch if applicable)																			
Branch telephone number ()																			
Financial institution address																			
City	State	ZIP																	

The sample check above will assist you in locating your financial institution's routing number and account number located at the bottom of your check. If you need further assistance, or if your account is a savings account, contact your financial institution to obtain the routing number.

I hereby authorize SDCERA to deposit the net amount of my monthly retirement payment to the above financial institution. All prior payment directions are revoked. This authorization will remain in effect until canceled by written notice from me to SDCERA. In the event an overpayment from SDCERA is credited to my account during or after my lifetime, I authorize SDCERA to direct my financial institution to refund the same amount to SDCERA and charge such payment to my account. I further authorize SDCERA to initiate electronic transfer debit transactions sent but not due in the event of my death. *If I have more than one type of payment, this authorization is valid for all deposits unless otherwise noted.*

Member's signature required Date

JOINT ACCOUNT INFORMATION

First name	MI	Last name	Relationship to member
Street address (if different from above)			Social Security number
City	State	ZIP	Daytime telephone number ()

I accept the responsibility of notifying SDCERA of the death of the above-named member. I also accept responsibility for returning any funds to SDCERA that were deposited by SDCERA in the above-named account after the member's death. I further agree to allow the debit transactions of payments sent but not due after retiree's death.

Joint account holder's signature Date