



# Direct Deposit Authorization

MEMBER INFORMATION		
Full Name		Social Security Number
Mailing Address		Daytime Telephone Number (    )
City	State	Zip

ACCOUNT INFORMATION AND AUTHORIZATION																												
<div style="border: 1px solid black; padding: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Your Name</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;">2468</td> </tr> <tr> <td>Your Address</td> <td rowspan="2" style="text-align: center; border: 1px solid black; padding: 5px;"> <b>Attach a voided check or use this example to assist in locating your routing number and account number. Only US bank accounts are eligible.</b> </td> <td>Date _____</td> </tr> <tr> <td>PAY TO THE ORDER OF _____</td> <td>\$ <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span></td> </tr> <tr> <td colspan="3" style="text-align: right;">_____ DOLLARS</td> </tr> <tr> <td>Name of Financial Institution</td> <td colspan="2">_____</td> </tr> <tr> <td>Memo _____</td> <td colspan="2">_____</td> </tr> <tr> <td></td> <td style="text-align: center;"> <b>123456780</b> </td> <td style="text-align: center;"> <b>10001234560123    2468</b> </td> </tr> <tr> <td></td> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> </tr> <tr> <td></td> <td style="text-align: center;"><b>Routing Number</b></td> <td style="text-align: center;"><b>Account Number</b></td> </tr> </table> </div>			Your Name		2468	Your Address	<b>Attach a voided check or use this example to assist in locating your routing number and account number. Only US bank accounts are eligible.</b>	Date _____	PAY TO THE ORDER OF _____	\$ <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>	_____ DOLLARS			Name of Financial Institution	_____		Memo _____	_____			<b>123456780</b>	<b>10001234560123    2468</b>		↓	↓		<b>Routing Number</b>	<b>Account Number</b>
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Memo _____	_____																											
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	↓	↓																										
	<b>Routing Number</b>	<b>Account Number</b>																										
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)																										
<p>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.</p>																												
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
		Daytime Telephone Number (    )		
<p>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.</p>				
Joint Account Holder's Signature _____				Date _____