

LACERA Direct Deposit Authorization Form

Retiree/Eligible Survivor – Beneficiary

First Name		Middle Name		Last Name	
Mailing Address				Email	
City		State		ZIP Code	
Social Security No.		Home Phone		Cell Phone	

Select one of the following:

- New Retiree** – I would like to receive my LACERA retirement allowance by Direct Deposit (provide your account information and sign below).*
- New Direct Deposit** – I would now like to receive my LACERA retirement allowance by Direct Deposit (provide your account information and sign below).*
- Change Direct Deposit** – I would like to change my Direct Deposit account number or financial institution (provide the NEW information only and sign below).*
 - Select an option:
 - I will keep my old bank account open until my new bank account receives the first Direct Deposit.
 - My old bank account is closed, I wish to receive paper checks by mail until my new account receives the first Direct Deposit.
- Cancel Direct Deposit** – I would prefer to receive a paper check by mail each month (sign below).

Direct Deposit cannot be created on pre-loaded debit cards. Only U.S. bank accounts are eligible.

Receiving More than One Check

You may request to have each check deposited into one account or into different accounts. For more than one account, use multiple Direct Deposit forms.

*LACERA is mindful of getting our retirees their payments in a timely manner. However, if incorrect information is recorded, delays in processing or unforeseen banking issues may occur. If this is the case, your retirement allowance may be paid by check. Mailed checks typically take 3-5 business days to receive. You will continue to be paid by check until your Direct Deposit begins.

Type of LACERA Retirement Allowance:

- Retiree
 Eligible Survivor – Beneficiary
 Both
 Legal Split Payee

Account Information

Financial Institution					
Address					
City		State		ZIP Code	

Type of Account

- Checking** – attach a VOIDED check.
- Savings** – contact your financial institution to obtain the routing number (do not use a deposit slip).

Routing #

Account #

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. The financial institution is authorized to credit my account with direct deposits until I terminate this authorization.

Payee's Signature **X** _____ Date: _____

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

