

1190 South Victoria Avenue, Suite 200 Ventura, CA 93003-6572 Phone: 805.339.4250 Fax: 805.339.4269 www.ventura.org/vcera

## INSTRUCTIONS FOR COMPLETING DIRECT DEPOSIT REQUEST

Direct deposit is a quick and efficient way for you to receive your monthly retirement benefit. The money will be deposited directly to your account and you will receive the detail of the payment each month by mail. We strongly recommend that you choose direct deposit. Every month checks are lost in the mail or returned as undeliverable, direct deposit assures that you receive your benefit without delay.

Complete the Authorization Agreement for Automatic Deposits (ACH Credits) on page 2 to have your monthly retirement benefit deposited directly to your bank or credit union, to change your current direct deposit, to decline direct deposit, or to stop your current retirement benefit direct deposit. Please return the completed form to VCERA at the address above.

The process necessary to establish a direct deposit normally takes several weeks. As a result, you will receive retirement payments at your mailing address on record for a brief period of time after you have submitted your direct deposit request form.

You should check with your financial institution to make sure they are able to receive an electronic funds transfer. Not every financial institution is a member of the Automatic Clearing House (ACH). Ask your bank representative to assist you in completing the required information needed for them to accept an electronic funds transfer, especially the ABA Routing Number.

If you want to have your entire net check deposited to one financial institution, write "full" or "100%" on the amount line.

If the amount direct deposited is less than the "net" payment, a check for the balance due will be sent to your home address.

If you want to have your check deposited to more than one financial institution, list the dollar amount for the first bank on the amount line and write "balance" on the amount line for the second bank. You are limited to having direct deposit to two different financial institutions. Please note that altering a deposit to one account or bank may cause all of your direct deposits to enter the pre-note process. During this process you will receive retirement payments at your home address.

It is very important that you update VCERA with any changes to your address or financial institution. Incorrect information can result in your direct deposit being returned or stopped.

If you have any questions regarding direct deposits, please contact VCERA at (805) 339-4250 and request to speak with a Retirement Specialist.

## **VCERA**

## **AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

(Please read page 1 before completing this form)

1. MEMBER INFORMATION (please print)		
Name (Last, First, MI)	•	Social Security Number
Address, City, State, Zip	_	Telephone Number
	New A	ddress
Start: I hereby authorize the Ventura County Employees' Retirement Association (VCERA) to deposit to the financial institution(s) listed below my monthly retirement benefit with the balance, if any, mailed to my address on record with VCERA. This authority will remain in effect until VCERA receives <u>written</u> notification from me of its termination and in such a manner as to provide VCERA and Depository a reasonable opportunity to act on it. <u>Important:</u> Your initial benefit check will be sent to your home address.		
Decline: I do not want direct deposit and choose to receive my checks by mail.		
Change: I authorize you to change my direct deposit to the account(s) at the financial institution listed below.  Important: During the process your benefit check will be sent to your home address.		
<ul><li>☐ Stop: I authorize you to stop the direct deposit of my net paycheck.</li><li>☐ Stop all direct deposits</li></ul>		
☐ Stop only deposits to this account number		☐ Checking ☐ Savings
Member Signature		Date
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2. (a) FINANCIAL INSTITUTION		
Name		Account Type
		☐ Checking ☐ Savings
Address, City, State, Zip		Telephone Number
ABA Routing Number *	Account Number *	Amount
2. (b) FINANCIAL INSTITUTION		
Name		Account Type
		☐ Checking ☐ Savings
Address, City, State, Zip		Telephone Number
ABA Routing Number *	Account Number *	Amount
*Ask your financial institution to provide you this information.  Note: To expedite account verification, please attach a <b>copy of a voided check</b> for the above listed accounts.		
PLEASE ATTACH VOIDED CHECK HERE		