MERCED COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
3199 "M" Street
Merced, California 95348

Steven Bland
Plan Administrator

Telephone 209-725-3636
Fax 209-725-3637

RETIREE AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION

I, _____hereby request that my monthly Retirement check be automatically deposited to my account with,

_____

I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

1. For new enrollees, a pre-notification transaction must be transmitted to financial institutions four weeks prior to transmitting net pay. Therefore, it will be a minimum of one payday, before my pay will be automatically deposited to my account.
2. The earliest date that deposits will be credited to my account will be the last bank workday of the month.
3. This authorization shall remain in effect until terminated by me in writing. Termination forms are available in the Retirement Office and must be completed fifteen working days prior to the last day of the month.
4. If my name changes, or if my bank or account numbers change, my status will revert to that of a new enrollee. And it will be a minimum of one payday before the automatic depositing of my pay will resume.
5. I will hold the County of Merced harmless from any actions that occur as a result of the preparation. Release or transmission of automatic payroll deposit data.

_____	_____	_____
Member Signature	**Social Security Number**	**Date**

Check One ☐ Retiree ☐ Beneficiary

FINANCIAL INSTITUTION CONFIRMATION OF ACCOUNT FOR AUTOMATIC PAYROLL DEPOSIT

As authorized above, we shall, as a participating financial institution and subject to the automatic clearing house rules as they may exist from time to time, accept credits to the account indicated below:

Transit Routing Number

Account **(Please circle one)** Checking or Savings

NOTE: When completing checking account information. Enter only numbers and if required, a hyphen (-) for any dash cue symbol.

_____	_____
Financial Institution	Branch
_____	_____
Approving Officer	Date