



# Direct Deposit Authorization Form

510-628-3000 • Email: [www.acera.org/email](http://www.acera.org/email)

Do not complete this form if you are requesting ACERA to send monthly retirement benefit payments to an account held in the name of a trust—either a Revocable Living Trust or an Income-Only (Miller) Trust established for Medi-Cal or Medicaid eligibility. Instead, complete the Trust Form for Direct Deposit at: [www.acera.org/tf](http://www.acera.org/tf)

## Direct Deposit Is Mandatory

## No Foreign Bank Accounts

To comply with NACHA regulations, ACERA cannot direct deposit funds with financial institutions outside of the territorial jurisdiction of the United States (all 50 states, U.S. territories, U.S. military bases, and U.S. embassies in foreign countries).

## No Business Accounts

## No Investment Accounts

## Trust Accounts Use A Different Form

For Trust Accounts (Living or Miller Trust ONLY), use the Trust Form for Direct Deposit at:

[www.acera.org/tf](http://www.acera.org/tf)

Name \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_

I hereby authorize the deposit of my retirement benefits to the Financial Institution indicated below, to credit the amounts thereof to the following account:

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Select One:

Checking Account     Savings Account

ABA Routing Number (nine digits) \_\_\_\_\_ Account Number \_\_\_\_\_

**Provide Voided Check:** Please provide a voided check (not a deposit slip). If you don't have checks with your account, you may provide a letter from your bank on bank letterhead with your full name, full account number, routing number, and the type of account it is (checking or savings).

**You Are Responsible for Accuracy:** Please ensure that your bank routing number, account number, and account type (checking or savings) are entered correctly. ACERA cannot recover funds if they are deposited into an incorrect account due to inaccurate information provided.

**Payment Recovery:** I understand that benefits are payable only during my lifetime and that ACERA will recover any payments issued after my date of death.

**Authorization:** This authority is to remain in full force and in effect until ACERA receives written notification from me of its termination or change.

Check this box if you are the Power of Attorney or Conservator\*

Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

\*Must have Power of Attorney Documentation in member's file or submission with this form.



# How to Submit Your Form

510-628-3000 • 1-800-838-1932 • email: [www.acera.org/email](mailto:www.acera.org/email)

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## Use One of These Five Options

### OPTION A: Scan and Upload

1. **Print:** Print your form and sign it.
2. **Scan:** Install the free Adobe Scan app on your smartphone, and use it to create a single PDF of all pages of your form and any attached documents. Visit [www.acera.org/scan](http://www.acera.org/scan) for a tutorial and a link to get the app. (Alternatively, you can use a physical scanner to create a PDF.)
3. **Upload:** Use one of these two secure methods to upload:
  - a. Log in to your account at [www.acera.org/login](http://www.acera.org/login). Click Message Center > Send a New Message > Attach Files to upload your signed, scanned, PDF form. Write the name of the form in the message subject line. Click Send.
  - b. Or visit [www.acera.org/upload](http://www.acera.org/upload), to use DocuSign to upload a file without logging in.

### OPTION B: Quick Code (QIC)

Print your form and any attached documents, sign it, place it in a county Quick Code (QIC) envelope, and send it to ACERA at 22901.

### OPTION C: Fax

Fax your printed, signed form and any attached documents to 510-268-9574.

### OPTION D: Mail

Mail your printed, signed form and any attached documents to:

ACERA  
475 14th Street, Suite 1000  
Oakland, California 94612

### OPTION E: Drop It In Our Office Drop Box

Print your form, sign it, and submit the original copy and any attached documents in our drop box. Our drop box is in our office elevator lobby on the 10th floor of 475 14th Street in Oakland. The lobby is open during regular business hours, Mon-Fri 9:00am-4:30pm, excluding holidays. You don't need an appointment.