



IMPERIAL COUNTY EMPLOYEES' RETIREMENT SYSTEM

<https://icers.imperialcounty.org>

REQUEST FOR DIRECT DEPOSIT

Social Security # _____

Phone # _____

POWER OF ATTORNEY AUTHORIZING IMPERIAL COUNTY EMPLOYEES' RETIREMENT SYSTEM TO DEPOSIT BENEFITS IN SPECIFIED FINANCIAL INSTITUTION

I, _____, hereby expressly authorize the Imperial County Employees' Retirement System, or its authorized representative, to forward my member's or beneficiary's retirement allowance warrant or beneficiary's benefit warrant to the financial institution listed below:

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution Routing Number (9 digits): _____

Account Number: _____

This financial institution is hereby made my designee and agent, for deposit of my member's or beneficiary's allowance to the account standing in the name of _____.

Mark type of account you want your warrant going into: Checking _____ Savings _____

I understand that this authorization and direction is operative so long as the Imperial County Board of Retirement shall authorize the procedure provided for herein.

This authorization may be revoked at any time after I have given to Imperial County Employees' Retirement System written notice of such revocation. Such revocation shall go into effect as soon as received by the retirement system.

I hereby authorize and direct said financial institution to refund to the Imperial County Employees' Retirement System and to charge to my account any monthly payment or payments, the due date or dates of which are subsequent to my death.

I understand that the granting of this request by the Imperial County Employees' Retirement System is subject to said Systems right to require from time to time proof that the member or beneficiary is living.

Signature of Member or Beneficiary

Date

This form must be **notarized** (attach notary acknowledgement form) or have the financial institution provide a **signature guarantee**.