



(Please Print or Type)

IMPERIAL COUNTY EMPLOYEES' RETIREMENT SYSTEM

IMPERIAL COUNTY EMPLOYEES' RETIREMENT SYSTEM
1221 W. State Street
El Centro, CA 92243
www.icers.imperialcounty.org
EMAIL: icers@co.imperial.ca.us
PHONE: (442) 265-7550
FAX: (442) 265-7545

DIRECT DEPOSIT AUTHORIZATION FORM

Name: Social Security No. Last 4 Numbers only
Address:
City: State: Zip Code:
Home Phone Number: Cell Phone Number:
Date of Birth: Email Address:

ICERS will NOT process this Form should retirement benefits be payable to the TRUST ACCOUNT:

\*California Gov. Code 31452 prohibits assignment of ICERS benefits including monthly retirement allowance. Deposit into a trust account is an assignment of ICERS benefit to a legal entity (trust) and not a payment to the ICERS member. Therefore, ICERS will not deposit member's monthly retirement allowance payable to a bank account in the name of a trust.

ICERS will NOT process this Form unless one of the following items is attached:

Checking Accounts: \*Please attach a VOIDED CHECK (no deposit ticket) with your NAME pre-printed on the check (not hand written) or a certified letter from the bank denoting your name, account number and routing number.

Savings Accounts: \*\* Please attach a SAVINGS ACCOUNT STATEMENT or A CERTIFIED LETTER from the bank denoting your name, account number and routing number.

I hereby authorize my Financial Institution to disclose to ICERS, at any time, the following information: (1) name and address of any co-owner, co-signer, or any other person who had access to funds in my account; and (2) the name and address of the person who closed my account. I hereby authorize the deposit of my retirement benefits to the Financial Institution indicated below, to credit the amounts thereof to my:

Please check one:

Checking Account\* Account #: Limit to 15 characters

Savings Account\*\* Account #: Limit to 15 characters

Financial Institution Routing No.:

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

Member Signature\*:

Date:

Staff Signature:

Date:

\*Must have Power of Attorney Documentation in member's file if not signed by member or submission with this form.

RETURN THIS FORM AND DOCUMENTATION TO ICERS

NOTARY SIGNATURE REQUIRED IF NOT SIGNED IN FRONT OF ICERS STAFF