

Direct Deposit Authorization for Retirees and Beneficiaries

Important Notice: Direct deposit change requests submitted in person at the MercedCERA office by the 15th of the month will be processed for electronic payment in that month. Change requests received in person after the 15th of the month will be processed for electronic payment for the following month. Change requests submitted via mail or through MercedCERA Secure File Submission, will require additional validation. Initial payment will be made via a check payment and mailed via certified mail to the member's address on file or can be picked up in person. Direct deposit payments will resume the following month, after validation. Forms submitted by email will not be accepted.

SECTION I – PLEASE PRINT

Full Name:		Last 4 SSN:	
Street Mailing Address:			
City:		State:	Zip Code:
Email:		Phone #:	

SECTION II

Applicable Account:

Select which account this form applies to. Complete a separate form to authorize direct deposit for additional accounts. Retiree Beneficiary Non-Member Ex-Spouse

SECTION III

Financial Institution Confirmation of Account for Automatic Payroll Deposit:

Financial Institution Name: _____

- Checking Accounts: Attach a voided check (not a deposit slip) containing your name pre-printed on the check.
- Saving Accounts: Attach a savings account statement.
A signed certified letter from the financial institution denoting your name, account number and routing number can also be submitted in lieu of the documents requested above.

9-Digit Transit Routing Number

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

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SECTION IV

I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

1. The earliest date that deposits will be credited to an account will be the last business day of the month.
2. This authorization shall remain in effect until terminated in writing or upon a new direct deposit change is received.
3. Pursuant to Federal and State law, MercedCERA will only deposit payments to US. Banks, savings and loan institutions, or credit unions who accept Automatic Clearing House (ACH).
4. I further understand and agree that MercedCERA may stop direct deposits if I fail to keep MercedCERA informed of my current address.

By signing below, I represent, under penalty of law, that I am an owner of the account designated for receipt of payment by direct deposit and hereby authorize MercedCERA to make payments of my net earnings.

Handwritten Signature (digital signature not accepted) _____

_____ Date

MercedCERA USE ONLY

MKEY DATE ENTERED ENTERED BY VERIFIED VIA DATE REVIEWED REVIEWED BY
