

RETIREE AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION

I,	automatically depos	sited to my accoun	hereby	request that my	monthly retirement bank.
	quest that the monthl	-			to my current <u>mailing</u>
addi 033	Street	Cit	у	State	Zip Code
UNDERS	STAND AND AGREE	TO THE FOLLOWI	NG TERMS AN	ID 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 your pay will be automatically deposited to your account.				
2.	The earliest date that deposits will be credited to an account will be the last business day of the month.				
3.	This authorization shall remain in effect until terminated 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 your name changes, or if your bank or account numbers change, your status will revert to that of a new enrollee. And it will be a minimum of one payday before the automatic depositing of your pay will resume.				
5.	MercedCERA and the result of the preparat				
	Member Signature		Social Sec	urity Number	
Check Or	•	☐ Beneficiary	_	nber Spouse	
	AL INSTITUTION CON	_ ,		•	POLL DEPOSIT
	ized above, we shall, a es as they may exist fr				
Tra	nsit Routing Number	Account	(Please circle	e one) Che	cking or Savings
NOTE: Whe	en completing checking acco	ount information. Enter o	only numbers and	if required, a hyphen (-)	for any dash cue symbol.
	Financial Institu		Branch		
	Approving Off	icer	<u> </u>	Da	ate
MercedCE MKEY	DATE ENTERED	ENTERED BY	VERIFIED VIA	DATE REVIEWED	REVIEWED BY