



Payroll Division
 City of Sacramento
 915 I Street, 4th Floor
 Sacramento, CA 95814

SCERS

Electronic Deposit Authorization Form

PRINT NAME _____ Empl ID _____

Home Address

STREET _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

FINANCIAL INSTITUTION (Bank, Savings & Loans, Credit Union)

FINANCIAL INSTITUTION _____

CITY _____ STATE _____

ACCOUNT TYPE (Savings or Checking) _____

Checking Account - Attach voided check for the account

Savings Account - Attach your bank's **savings** direct deposit form.

ROUTING NUMBER (First nine digits) _____

ACCOUNT NUMBER _____

I hereby authorize the City of Sacramento to initiate deposits (credits) and/or correction to the financial institution indicated above. The financial institution is authorized to credit and/or correct the amount to my account. This authorization is to remain in effect until I revoke it by giving 10 days prior written notice to the City of Sacramento.

SIGNATURE _____ DATE _____

Please return completed form to the address listed: Payroll Division
 City of Sacramento
 915 I Street, 4th Floor
 Sacramento CA 95814