contra costa county
Employees' Retirement Association
1355 willow way suite 221 concord ca 94520
925.521.3960 fax: 925.646.5747

ELECTRONIC FUNDS TRANSFER

Please Print Clearly

<<<<<<<< **Mail Completed Form to CCCERA**

Check Attached >>>> ☐
(check box)

Retiree Name: _____ Social Security #:_____
Mailing Address: _____
City, State, Zip Code: _____ Phone #: ___ _____

Joint Account Holder
Name: _____ Social Security #: _____
Mailing Address: _____
City, State, Zip Code: _____ Phone #: ___ _____

Bank Name: _ _____
Bank Phone #: ___ _____
Bank Mailing Address: _____
City, State, Zip Code: _____

CONTACT YOUR BANK FOR THE FOLLOWING INFORMATION:
Please choose either **Savings OR Checking Account** and complete information below:

☐ **Savings** Account #: _____
Routing and Transit #: _____

☐ **Checking** Account #: _____
Routing and Transit #: _____

>>>>>>>**PLEASE ATTACH VOIDED CHECK**<<<<<<<

Note: Payments cannot be deposited into an Individual Retirement Account (IRA) or an Investment Brokerage Account.

AUTHORIZATION AGREEMENT
I hereby authorize:

* Contra Costa County Employees' Retirement Association to initiate electronic fund transfer entries to my account at the financial institution named above.

* Contra Costa County Employees' Retirement Association, if necessary, to debit my account with amounts transferred after my date of death or transmitted in error.

* The Bank to credit and/or debit entries to my account.

Signature: _____ Date: _____

Joint Accountholder Signature (if any): _____ Date: _____

Reset Form