



ELECTRONIC FUNDS TRANSFER

**FORM
209**
(Rev. 2024)

Purpose of the form: Use this form to authorize or cancel direct deposit of your CCCERA benefit payments to a financial institution or trust account.

Instructions:

- Complete form in blue/black ink and return to CCCERA. Submit original document only; fax/email copies will not be accepted.
- A designated representative may sign if CCCERA has a valid *Power of Attorney* on file.
- **For a checking account:** Attach a voided check (not a deposit slip) or a bank specification form that includes a valid American Banking Association routing number and checking account number.
- **For a savings account:** Attach a document that shows:
 - (1) a valid Transit and American Banking Association number of the financial institution, and
 - (2) the number of the savings account that you want to use for the direct deposit.
- **For a trust account:** Attach the Certification of Trust

| Member Information | | | |
|------------------------|----------------------------|--|----------|
| Full Name | | Last 4 of Social Security Number | |
| Street or P.O. Box | | | |
| City | | State | Zip Code |
| Phone (with area code) | Date of Birth – mm/dd/yyyy | Check One <input type="checkbox"/> New Direct Deposit <input type="checkbox"/> Cancel Direct Deposit <input type="checkbox"/> Update Direct Deposit | |

| Joint Account Holder Information (if any) (See special notice to joint account holders on page 3) | | | |
|---|--|----------------------------------|------------------------|
| Full Name | | Last 4 of Social Security Number | |
| Street or P.O. Box | | Apartment # | Phone (with area code) |
| City | | State | Zip Code |

| Financial Institution Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of Financial Institution | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account Type (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Account Number <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | Routing Number <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
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| Authorization Agreement | |
|--|-------------------|
| I hereby authorize: <ul style="list-style-type: none"> • Contra Costa County Employees’ Retirement Association to initiate electronic funds 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 into my account. | |
| Member Signature | Date – mm/dd/yyyy |
| Joint Account Holder Signature (if any) (See special notice to joint account holders on page 2) | Date – mm/dd/yyyy |

Contra Costa County Employees’ Retirement Association
1200 Concord Avenue, Suite 300, Concord, CA 94520
Phone 925-521-3960 • Fax 925-521-3969 • cccera.org



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| **Trust Information (for depositing to a Trust owned by the retiree) | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of Trust | Date of Trust | | | | | | | | | | | | | | | | | | | | |
| Name of Trustee | Trust's Taxpayer Identification Number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| <p>I have attached the following required document:</p> <p><input type="checkbox"/> Certification of Trust for my trust agreement</p> <p>I hereby authorize Contra Costa County Employees' Retirement Association to pay my monthly allowance by electronic funds transfer (direct deposit) to my <i>inter vivos</i> revocable trust as indicated above.</p> <p>I affirm under penalty of perjury under the laws of California that the above-named trust is an <i>inter vivos</i> revocable trust that may be revoked by me during my natural life and was established by written documents shall be provided to CCCERA upon request, and that I am, either solely or jointly with my spouse, grantor, trustee and sole beneficiary of this trust during my/our lifetime(s).</p> <p>Should I cease to be the named trustee of my trust, I or my successor trustee (in the event that I am deceased or incapacitated) must notify CCCERA of such fact by written notice immediately and no later than 30 days from that event.</p> <p>I agree to advise CCCERA in writing of any changes to the information provided herein within 30 days of such change, after which CCCERA may elect to continue to pay allowances into the trust account or may require me to designate a non-trust account in which to receive future payments or else elect to receive paper checks.</p> <p>I agree not to hold CCCERA liable for any payments into the trust account or for any withheld payments if CCCERA determines payment into the account is no longer appropriate.</p> <p>I understand that the retired member's retirement allowance shall only be paid to the trust during the member's lifetime.</p> <p>I agree that any overpayments of the member's retirement allowance, made after the retired member's date of death, shall be recouped by CCCERA.</p> <p>I affirm that monies paid by CCCERA to this trust after my date of death must be returned to CCCERA. My trustee and successor trustee(s) have been notified of their responsibility to notify CCCERA immediately upon my death and of their obligation to repay any monies to which CCCERA is entitled.</p> <p>I certify under penalty of perjury of the laws of the State of California that all the information on this form is true and correct.</p> | | | | | | | | | | | | | | | | | | | | | |
| Member Signature | Date – mm/dd/yyyy | | | | | | | | | | | | | | | | | | | | |
| Member's Spouse/Co-Trustee Signature | Date – mm/dd/yyyy | | | | | | | | | | | | | | | | | | | | |

| Authorization Agreement | |
|---|-------------------|
| <p>I hereby authorize:</p> <ul style="list-style-type: none"> Contra Costa County Employees' Retirement Association to initiate electronic funds 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 into my account. | |
| Member Signature | Date – mm/dd/yyyy |
| Joint Account Holder Signature (if any) (See special notice to joint account holders on page 2) | Date – mm/dd/yyyy |



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Why should I sign up for Electronic Funds Transfer (EFT)?

- Eliminate the risk of loss, theft, forgery or mail delays of your retirement check
- Automatically deposit retirement checks while away from home
- No more trips to the bank to deposit your pension funds

EFT is electronically depositing your monthly retirement benefit directly into your bank, savings and loan, or credit union account automatically. There is no paper check printed, so there are no postal service delays. Plus, you receive a Deposit Advice Form (check stub) showing you the amount of your deposit, any deductions or other important information regarding your transfer.

How does this work?

1. Fill out and return the Electronic Funds Transfer Form to the Retirement Office **by the 15th of the month**. If you choose to have your pension deposited to a checking account, **be sure to include a VOIDED check**.

Two options could occur:

- a. The first month following receipt of your completed EFT form, your check may go through a “test run”. Your actual check is still mailed to you, but an electronic “record” of your account deposit is also sent to your bank. This ensures all information on the EFT form is accurate before actual funds are transferred.

If there are no problems with the “test run” of your check, your monthly retirement benefits will be deposited electronically the second month and each month thereafter. In addition, a Deposit Advice Form will always be mailed to you notifying you of the deposit.
- b. If the account is confirmed then the funds will skip the “test run” and be transferred directly into your new account. In addition, a Deposit Advice Form will always be mailed to you notifying you of the deposit.

What if I have changes to the bank or account number?

If you have any changes to your EFT authorization, call our office and request another EFT form. Your check will undergo the same process as listed above.

What if I no longer want EFT?

If you want to stop EFT, fill out another Electronic Funds Transfer Form, check “Cancel Direct Deposit” and return the form to the Retirement Office at the address below.

Special Notice to Joint Account Holders

If your account is a joint account and receives direct deposit benefit payments for a CCCERA retiree, you must inform CCCERA and the financial institution of the death of the CCCERA retiree. Payments sent by direct deposit after the date of death must be returned to CCCERA. CCCERA will then determine what survivor benefits, if any, are payable.