



## PAYEE INFORMATION

Home Phone (       ) \_\_\_\_\_ Cell Phone (       ) \_\_\_\_\_

Routing Number                      Account Number                      ☐ Checking Account    ☐ Savings Account

**A voided check, deposit slip, or letter from your financial institution showing account number and routing number must be returned with this form.**

I hereby authorize the County Employees' Retirement Fund's affiliated financial institution to initiate credits and debits relative to pension payment, if necessary, to my bank account listed above. This authorization hereby revokes all prior payment directions given to CERF. This authorization is to remain in full force and effect until CERF has received written notification from me or anyone with legal authority to act on my behalf. I understand that I may only change my information by notifying CERF in the manner specified herein and my information cannot be changed by contacting the financial institution. I also understand that CERF or its affiliated financial institution will not be liable for any error or delay in processing a transfer by another financial institution or its processing agent. Furthermore, I also permit the release by my current or any future receiving depository financial institution to CERF of my current address, names and current addresses of all persons listed on the account, and names and current addresses of all beneficiaries on the account, including, but not limited to those listed as "payable on death" or "transfer on death."

**\*\*Please include a voided check,  
deposit slip, or bank letter\*\***

Date \_\_\_\_\_