



# Refund Direct Deposit Authorization

## Section 1: Information About You

**Instructions:** You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. You can review your statement online or receive it by mail from the California State Controller's Office. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

Name (First Name, Middle Initial, Last Name)

CalPERS ID Number

Address

Daytime Phone

City

State

Zip

**Note:** A separate form must be completed for each type of retirement benefit to be sent by Direct Deposit.

## Section 2: Information About Your Account

**Instructions:** If you are authorizing your payment to your savings account or do not have pre-printed, personalized checks, you **must** have your financial institution complete this section.

Checking      Savings      Individual      Joint (if so, complete Section 3)      Trust Account

Routing Number (nine digits)

Account Number

**Please use tape to attach your voided, pre-printed personalized check. (Do not staple or paper clip. No deposit slips).**

**Important:** The following must also be completed by your Financial Institution if you are authorizing your payment to your savings account or do not have pre-printed personalized checks:

Name of Financial Institution

Branch Phone

Address

City

State

Zip

You confirm the identity of the above-named payee and the account number. As a representative of the above-named financial institution, you certify the financial institution agrees and deposit the payment identified above.

Signature of Representative

Print Representative's Name

Date (mm/dd/yyyy)

Name

CalPERS ID or SSN

### Section 3: Information About Joint Account Holder (if applicable)

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Name (First Name, Middle Initial, Last Name)

CalPERS ID Number

Address

Daytime Phone

City

State

Zip

### Section 4: Certification

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**Instructions:** Signature Required.

I certify I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to my financial institution and deposited to my designated account. I understand CalPERS does not accept a prepaid debit card as a payment option. I authorize amounts transferred after my death or transmitted in error to be debited from my account. Additionally, I certify that the funds received are not deposited to an account that is subject to being transferred to a foreign financial institution. \*

Signature of Payee

Date (mm/dd/yyyy)

\*To comply with NACHA regulations regarding International ACH Transactions (IAT), CalPERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction of the United States includes all 50 states, U.S. territories, U.S. military bases, and U.S. embassies in foreign countries). If your entire benefit allowance will be received by a financial institution outside the territorial jurisdiction of the U.S., you will be issued a paper check in lieu of the EFT.

# CalPERS Privacy Notice

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The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our [Privacy Policy](#), or your rights, write to:

## CalPERS

CalPERS Privacy Officer  
400 Q Street  
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).