

# Automated Clearing House Method Authorization Agreement Form

New ACH Method Participant,

Complete the Automated Clearing House (ACH) Method Authorization Agreement Form to allow payment towards your CalPERS receivables.

## Business Partner Information

*If you are paying for more than one business partner, a separate Automated Clearing House (ACH) Agreement Form must be submitted for each business partner. Please provide the name and phone number of the ACH contact that can answer payment questions.*

CalPERS ID

Business Partner Name (Print)	Phone Number
Mailing Address	
ACH Contact (Print)	Phone Number

Email completed form to: [FCSD\\_Cashiers@CalPERS.CA.GOV](mailto:FCSD_Cashiers@CalPERS.CA.GOV)

## Reminder

Before your first payment, contact your bank to ensure maximum fund desired is transferable, and authorized staff can make payments. This will ensure a smoother transition.

## Verification of Payment

It is the responsibility of each business partner to work with the originating financial institution to obtain verification that your funds were transferred to CalPERS and posted correctly.

## For FRAS Use Only

Receipt Date

# Privacy Notice

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 for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply 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 on a mandatory and 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 the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or 888-225-7377).