



REQUEST FOR DIRECT DEPOSIT

Social Security # \_\_\_\_\_

POWER OF ATTORNEY AUTHORIZING IMPERIAL COUNTY EMPLOYEES' RETIREMENT SYSTEM TO DEPOSIT BENEFITS IN SPECIFIED FINANCIAL INSTITUTION

I, \_\_\_\_\_, hereby expressly authorize the Imperial County Employees' Retirement System, or its authorized representative, to forward my member's or beneficiary's retirement allowance warrant or beneficiary's benefit warrant to the financial institution listed below:

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Financial Institution Routing Number (9 digits): \_\_\_\_\_

Account Number (Including Branch Number): \_\_\_\_\_

This financial institution is hereby made my designee and agent, for deposit of my member's or beneficiary's allowance to the account standing in the name of \_\_\_\_\_.

Mark type of account you want your warrant going into: Checking \_\_\_\_\_ Savings \_\_\_\_\_

I understand that this authorization and direction is operative so long as the Imperial County Board of Retirement shall authorize the procedure provided for herein.

This authorization may be revoked at any time after I have given to Imperial County Employees' Retirement System written notice of such revocation. Such revocation shall go into effect as soon as received by the retirement system.

I hereby authorize and direct said financial institution to refund to the Imperial County Employees' Retirement System and to charge to my account any monthly payment or payments, the due date or dates of which are subsequent to my death.

I understand that the granting of this request by the Imperial County Employees' Retirement System is subject to said Systems right to require from time to time proof that the member or beneficiary is living.

\_\_\_\_\_  
Signature of Member or Beneficiary

\_\_\_\_\_  
Date

For Notary Use (below)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary

(seal)