LACERS
LA CITY EMPLOYEES' RETIREMENT SYSTEM

PRINT

RESET

Submit form to:
Online | lacers.org/secure-document-upload
Fax | (213) 473-7297 **Mail Stop** | 175
Mail | 977 N. Broadway, Los Angeles, CA 90012 -1728

DIRECT DEPOSIT AUTHORIZATION FORM

This form must be received by LACERS by the 12th of the month for your request to take effect in the same month. If the form is received after the 12th, it will take effect the following month.

Social Security Number	(Print) Last Name First M.I.

Please deposit my benefit directly into the account indicated. I also authorize you to make corrections to my account to adjust for any errors in the deposit. (If you are changing banks or accounts, please leave the old account open until the change is processed.) This authorization will remain in effect until I change or cancel it in writing.

This authorization form applies to all the following benefit types (check all that apply):

☐ Service Retirement ☐ Disability Retirement ☐ Eligible Survivor ☐Excess Benefit

☐ Domestic Relations Order ☑ Larger Annuity ☐ Family Death Benefit Plan

Bank Information Only US bank accounts are eligible. No pre-loaded debit cards.		
Name of Bank		Phone Number
Address		
Routing Number	Account Number	Is this a Joint Account? ☐ Yes* ☐ No If Yes, please complete section below.
***Joint Account Holder Information**		
Full Name		Phone Number
Address		

Type of Account

☐ **Checking Account** – Include a Voided or Cancelled check (**name must be imprinted on the check**) or a letter on your financial institution's letterhead with your name, account number, and routing number.

☐ **Savings Account** – **Signature of approving Bank Officer required**, include a letter on your financial institution's letterhead with your name, account number, and routing number. (Do not use a deposit slip.)

Bank Officer's Signature _____

Print Bank Officer's Name _____

(Print) Member Name:

Emergency Contact	
Name	Phone Number
Address	

Authorization	
Address	
Email Address	Phone Number

I certify that I am the legal account holder of the bank account provided with this form. In signing this form, I authorize my payment to be sent to my financial institution and deposited into the designated account. Additionally, I understand all overpayments must be returned to LACERS. I authorize LACERS to initiate the return of any amounts deposited after my death or deposited in error.

Authorized Signature_____ Date_____

Wet signature required.
Electronic signatures are not accepted.

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.