Electronic Deposit Authorization

Office: (253) 502-8200

Fax: (253) 502-8660

Use this form to designate or change your bank account information with the retirement system.

Please Note: The original signed form must be received in the Retirement Office by the <u>10th of the month</u> to be processed for the current month.

| | | N | 1ember 1 | Inform | nation | | | | | | |
|---|--|-------------------------------|------------|------------------------|------------|--------------|----------|---|-----------------|-------|-----------------|
| Last Name I | | First Name | | | | MI | | Social Security Number (last four digits) | | | |
| Mailing Address | | | City | | | | | | State | Zip | Code |
| Home Phone Number | Cell Phone Number | | Email | | | | | | Memb | er No | o. (Office Use) |
| This form will not be pro | ocessed without the | | Ü | | - | plet | ed and | requir | red docume | ents | attached. |
| Main Bank/Credit Union | | E | Banking | IIIIOI | Check on | | | | | | |
| Bank Name | Check | ing | Saving | gs | □ Ne | | Cha | nge | ☐ No Chan | ge | Cancel |
| | | | | | Amount \$ | } | | | OR Percentag | | % |
| Routing Number | | | | | Account N | umb | er | | | | |
| | Additio | onal B | anking | Infor | nation (C | pti | onal) | | | | |
| Other Bank/Credit Union | | | | | Check one: | | | | | | |
| Bank Name | Check | cing | Savin | gs | ☐ Nev | W | Char | ige [| ☐ No Chang | ge | Cancel |
| | | | | | Amount \$ | | | | OR Percentag | ge | % |
| Routing Number | | | | | Account N | | er | | | 2 1 | |
| This form authorizes Taco union account. | ma Employees' Re | tireme | ent Syste | m to n | nake elect | ron | ic depos | its to 1 | the named b | ank | or credit |
| union account. | | | | | | | | | | | |
| Note: If this form is completely of either the power of | of attorney or court of | | • | | | | | | | | |
| Note: If this form is completely of either the power of information will be changed. Attach a BLANK VOIDE institutions routing number | of attorney or court of ed. ED CHECK / BAN | ordere <u>K VE</u> | d guardia | anship | papers m | nust | be provi | ided b | efore the fin | nanc | ial institution |
| Note: If this form is completely of either the power of information will be changed. Attach a BLANK VOIDE | of attorney or court of ed. ED CHECK / BANI or and account numb | ordere <u>K VE</u> ber. | ed guardia | anship <u>ATION</u> | papers m | nust e ac | be provi | ided b | efore the fin | nanc | ial institution |