

DIRECT DEPOSIT AUTHORIZATION

| Instructions for Authorizing Direct Deposit | Please make sure all the following steps are completed to start your direct deposit: Mark the box that indicates whether you would like your funds deposited into your checking or savings account. You must be the owner/co-owner of the account, with your name listed on it. Fill in payee's name, name of your financial institution, account number, and routing number. Confirm your name is on the account with verification from the financial institution. Please provide your email address and phone number |
|---|--|
| | Sign and date below, and return to OCERS at this address: Orange County Employees Retirement System PO Box 1229 Santa Ana, CA 92702 |

Member Authorization I authorize OCERS and the financial institution listed below to deposit my funds automatically to my: Checking Account Checking Account Checking Account each month and, if necessary, to adjust or reverse a deposit for any entry made to my account in error. I authorize OCERS to verify my ownership of, and to initiate, direct deposits to this account. This authorization will remain in effect until I have cancelled it in writing or until I change my deposit instructions in the myOCERS portal.

| • | | |
|------------------|--------------|------|
| Member Signature | Phone Number | Date |
| | | |

| Member Information | | | | | | | | |
|---|-------------------------------|--|--|--|--|--|--|--|
| 9. Member/Payee Name (Print) | | 10. Effective Date (First of the Month) | | | | | | |
| 11. Last Four Digits of SSN | 12. Email Address | | | | | | | |
| 13. Home/Mailing Address | 14. City | 15. State 16. Zip Code | | | | | | |
| 17. Original Member Name (if other than above |) 18. Last Four Digits of SSN | 19. Joint Account Holder's Name (if any) | | | | | | |

| Payment Information | | | | | | | | | |
|---------------------|---------------------------------------|---------|-------------------|----|------------------------------------|-------------|--|--|--|
| 1. | 1. Financial Institution Name | | | 2. | Financial Institution Phone Number | | | | |
| 3. | Financial Institution Mailing Address | 4. City | | 5. | State | 6. Zip Code | | | |
| 7. | Routing Number | | 8. Account Number | r | | | | | |