

## **Direct Deposit Change Request**

This form a	pplies to the follo	-		• •	_					
IMPORTA	A 🗌 NT NOTE:Upda			Beneficiary nay not take e		Domestic Relation Intil the month at		ORO) RA receives your for	m.	
	R INFORMATI			•						
First Name MI				Last Name				Social Security Number		
Mailing Address							Mobile Phone Number			
City				State	Zip	Zip Personal Email				
ACCOUN	NT INFORMAT	TION CUF	RRENTLY	USED FOR	DIRI	ECT DEPOSIT	(required)			
Name of Bank				Amount of last SDCERA depos			sit into this account			
Routing Number (nine digits) Account				Number (up to 17 digits)						
NEW AC	COUNT INFO	RMATIO	N AND AU	JTHORIZA	ΓΙΟΝ					
And account number OR attach a voided check.   PAT TO THE   Only US bank accounts are eligible.   ORDER OF   Name of Financial Institution   Memo   I:123456780   I:10001234560123   246   Routing Number   Account Number   Routing Number (nine digits)   Account Number (up to 17 digits)   Name of Bank							count? e the joint ad nt to the ab n of any pay rior payment	DOLLARS		
Member's Signature Date   JOINT ACCOUNT HOLDER INFORMATION AND AUTHORIZATION										
		DER INF	ORMATI							
Full Name				Social Security Number				Relationship to Member		
Mailing Address (if different than above)				City State			State	Zip		
Personal Email								Mobile Phone Number		
the above		after the M	ember's de	ath. I further				e deposited by SDCE. r payments sent after		
Joint Account Holder's Signature Date										