



AC Transit  
Employees' Retirement System

(510) 891-7257  
fax (510) 891-7169  
retirement@actransit.org

## DIRECT DEPOSIT AUTHORIZATION FORM

I hereby request that my pension benefit payments be deposited directly to my account as indicated below. I hereby authorize AC Transit Employees' Retirement System to initiate deposits [credits] and/or corrections to previous credits in the financial institution indicated. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until and unless I revoke it by giving thirty [30] days prior written notice to the AC Transit Employees' Retirement System.

Retiree's Name \_\_\_\_\_ Badge # \_\_\_\_\_  
[PLEASE PRINT]

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Bank/Financial Institution \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
[NINE DIGITS]

Type of Account: [CHECK ONE] \_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account

(If you are not sure of the Account or Routing numbers, ask your bank for assistance or attach a voided check.)

I understand that it is my responsibility to notify AC Transit Employees' Retirement System, **in writing**, of any change in the above banking information, if I elect to discontinue Electronic Funds Transfer or if I want to make other changes that would affect this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*The AC Transit Employees' Retirement System is dedicated to providing a secure and predictable source of retirement income for eligible employees, retirees and beneficiaries*

**1600 Franklin Street  
Oakland, CA 94612**