



# Direct Deposit Authorization and Change of Address for Retiree Health

**PLEASE COMPLETE THIS FORM AND RETURN TO:** City of Roseville - Finance Department  
311 Vernon Street  
Roseville, CA 95678  
or Email to: RetireeMedical@roseville.ca.us

**PART 1: Retiree Identification**      **Address Change:**  Yes    No      Please print legibly

1. Retiree / Account Holder Last Name		First Name	2. Phone #	
3. Street Address			4. Last 4 Digits of Retiree's SSN	
5. City			6. State	7. Zip
8. Name of Retiree if different than above in box 1 (e.g. Beneficiary, Power of Attorney, Trust, etc.)				9. Designee Relationship
10. Email address				

**PART 2: Direct Deposit**

New Setup       Change Information       Cancellation

**PART 3: Financial Institution**

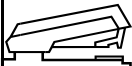
11. Bank Name	12. Routing Transit Number (9 digits)		
13. Account Number			14. Type of Account <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

**PART 4: Authorization for Setup, Changes, or Cancellation of Direct Deposit or Address Change**

I hereby request and authorize the City of Roseville to deposit payments by electronic funds transfer into the account specified above and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow 2 - 6 weeks for initiating or terminating Electronic Funds Transfer and is responsible for notification of any change in financial institution information.

15. Authorized Signature <b>X</b>	16. Printed Name	17. Date
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**PART 5. Attach a VOIDED check here**

Instructions:

1. Fill in all fields legibly and completely.
2. For Direct Deposits, attach a voided check to front of form and be sure to complete lines 11-14 with the same information on your check.
3. Send completed form to the *Finance Dept - Accounts Payable: 311 Vernon St. Roseville, CA 95678* or email: *RetireeMedical@roseville.ca.us*.
4. If a duly authorized representative is completing this form, attach a fully executed Power of Attorney herewith.
5. You must notify the City *immediately* of any changes: 916-746-1280 or RetireeMedical@roseville.ca.us.
6. Once Direct Deposit has been set-up, your payments will be transmitted via EFT permanently, unless you fill out a new form and indicate that you are canceling the service.