



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

ADDRESS CHANGE

Yes No

PART 1: Retiree Identification

1. Retiree / Survivor Last Name		2. First Name		3. Last 4 Digits of Retiree's SSN	
4. Street Address				5. Phone 1	
6. City, State and Zip				7. Phone 2	8. Phone 3
9. Name of Retiree if different than above in box 1 (e.g. Survivor, Power of Attorney, Trust, etc.)				10. Designee Relationship	
11. Email					
12. In the event that I cannot be reached with any of the above, please contact: Name				Relationship	
				Contact Phone	

PART 2: Direct Deposit

New Setup Change Information Cancellation

EFT Election: Please select how you would like your EFT statements delivered

Email (from line 11) Mail (from line 4)

Bank Information

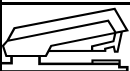
Bank Name		Routing Transit Number (9 digits)	
Account Number		<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS

PART 3: 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.

Authorized Signature	Printed Name	Date
X		



PART 5. Attach a VOIDED check here

Instructions:

11/2019

1. Fill in all fields legibly and completely.
2. For Direct Deposits, attach a voided check and be sure to complete lines 11-14 with the same information on your check.
3. Mail completed form to the *Finance Dept - Payroll: 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.
5. You must notify the City *immediately* of any changes: 916-746-1280 or *RetireeMedical@roseville.ca.us*.