

 CITY OF SAN JOSE CAPITAL OF SILICON VALLEY OFFICE OF RETIREMENT SERVICES	Title AUTOMATIC DEPOSIT AUTHORIZATION	Document No. Form RP-3	Rev. 5/26/2020	Page 1 of 2
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READ THESE INSTRUCTIONS BEFORE COMPLETING THE AUTOMATIC DEPOSIT AUTHORIZATION FORM

NOTE DEADLINES AND DELAYS FOR LATE SUBMISSIONS*

Complete the attached Automatic Deposit Authorization Form to set up a new account or to change/add an account.

If you want to set up a new account in place of your current account, **enter only the information for the NEW account.** It will automatically supersede the prior account.

If you wish to cancel an existing account and **you will NOT be entering a new account in its place,** enter the existing account information and check the “**TERMINATE DEPOSIT**” box.

If you wish to deposit a specific amount in one account (secondary account) and the balance of your pension in another account (Primary) account, **complete Sections A and B.**

Attach one of your **pre-printed voided checks** to the form for each checking account. If you are entering a savings account or you have not received your checks, you may attach a copy of the bank's account information sheet if it includes the account number and routing number.

WHEN WILL THE AUTOMATIC DEPOSIT TAKE EFFECT?

If your completed automatic deposit form is received by the 5th day of the month, your next pension payment will be deposited automatically. If your form is received after the 5th day of the month, it may not be processed until the following month.

***WHAT WILL HAPPEN IF I SUBMIT THE FORM AFTER THE DEADLINE?**

If you do not have an existing direct deposit account, the current month's pension payment will be **issued as a check and mailed to you.** The direct deposit will start the following month.

If you have an existing direct deposit account, the pension payment will go to that account. **If this account has been closed, the payment will be returned.** It will then be necessary to void the payment and reissue as a check. **This will delay the receipt of your pension by approximately ten business days.**

RETURN IT TO:

Office of Retirement Services
City of San Jose
1737 North First Street, Suite 600
San Jose, CA 95112-4505
FAX: (408) 392-6732
EMAIL: retirement.dept@sanjoseca.gov

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<p>NAME: _____</p> <p>TELEPHONE#: (____) _____</p>	<p>SOCIAL SECURITY # _____ - _____ - _____</p> <p>DATE: _____</p>
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SECTION – A (PRIMARY ACCOUNT)

Enter new account information below. This will automatically replace any prior accounts.

Type of Account: ☐ Checking ☐ Savings/Money Market

Terminate Deposit: ☐ (Check this box only if the account entered below will not be replaced with a new account.)

NAME OF BANK: _____ BANK'S TELEPHONE: (____) _____

BANK ADDRESS: _____

BANK'S ABA/ROUTING NUMBER (9 DIGITS): _____

ACCOUNT #: _____

SECTION – B (SECONDARY)

Type of Account: ☐ Checking ☐ Savings/Money Market

Terminate Deposit: ☐ (Check this box only if the account entered below will not be replaced with a new account.)

NAME OF BANK: _____ BANK'S TELEPHONE: (____) _____

BANK ADDRESS: _____

BANK'S ABA/ROUTING NUMBER (9 DIGITS): _____

ACCOUNT #: _____

DEPOSIT AMOUNT: Dollar Amount \$ _____ Percentage % _____

Balance is to go to the account listed in Section A.

I HEREBY AUTHORIZE THE RETIREMENT OFFICE TO INITIATE AUTOMATIC DEPOSIT(S) OR TERMINATE TO THE FINANCIAL INSTITUTION(S) INDICATED ABOVE.

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL YOU RECEIVE WRITTEN NOTIFICATION FROM ME OF CANCELLATION OR THE CITY OF SAN JOSE OFFICE OF RETIREMENT SERVICES ELECTS TO CANCEL MY DEPOSIT SERVICE.

SIGNATURE: _____ DATE: _____

☐ Please send me my remittance stub in the mail each month (check box)