



COUNTY OF TULARE
BOARD OF RETIREMENT

Leanne Malison
Retirement Administrator

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**ELECTRONIC BANK DEPOSIT
SPECIAL POWER OF ATTORNEY**

I, (your name) _____

residing at (your address) _____

authorize the Tulare County Employees' Retirement Association (TCERA) to deposit all pension/annuity payments due to me from TCERA directly into the account named below. This authority will remain in effect until I have given TCERA written notice that I have terminated it.

(Bank's name & address) _____

(Bank Routing Number) _____

(Account Number) _____

Indicate if this is a: Checking account **OR** Savings account

All prior authorizations made by me are hereby revoked. This authorization is solely for my own convenience and benefit, and is not to be construed as an assignment or pledge in favor of anyone else.

Signature

Social Security Number

Date

(_____) _____

Day Time Phone

IMPORTANT NOTE: This does not guarantee that the funds will be posted to your bank account on or before the last day of the month – check with your bank before drawing against these funds.

**** PLEASE ATTACH A BLANK VOIDED CHECK ****

**Changes must be received in the Retirement Office
by the 15th of the month in order to be processed for that month.**