



# COUNTY OF TULARE BOARD OF RETIREMENT

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Retirement Administrator

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## ELECTRONIC BANK DEPOSIT SPECIAL POWER OF ATTORNEY

I, \_\_\_\_\_ Residing at: \_\_\_\_\_  
(Your Name) (Your Address)  
\_\_\_\_\_  
(City, State, Zip)

authorize the Tulare County Employees' Retirement Association (TCERA) to deposit all 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 Name:** \_\_\_\_\_ **Bank Routing Number:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_ **Checking**  **OR** **Savings**

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 Date Day Time Phone Last 4 of SSN

Complete the following section **ONLY** if requesting changes to existing instructions:

Required Security Questions – Must Answer <u>Three</u>				
\$ _____ Your Monthly Federal Tax Amt	\$ _____ Gross Pension Amount	_____ Employee ID #	_____ Last Dept Worked Prior to Retirement	_____ Employment Start Date
<b>NOTE: Three security questions must be answered as they will be used to verify authenticity.</b>				

**\*\*PLEASE ATTACH A VOIDED CHECK  
OR DIRECT DEPOSIT INSTRUCTIONS FROM YOUR BANK**

### 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.

**\*\*Required document-voided check or bank instructions**

***Changes received by the 15<sup>th</sup> of the month will be processed  
in the same month.***