

## SAN DIEGO ELECTRICAL PENSION TRUST 4545 VIEWRIDGE AVENUE, SUITE 110 P.O. Box 231219 SAN DIEGO, CA 92193-1219

(858) 569-6322, ext 310 (800) 632-2569, ext 310 Fax: (858) 277-2072



## **ELECTRONIC DEPOSIT AUTHORIZATION (ACH CREDITS)**

I/we hereby authorize the San Diego Electrical Pension Trust, hereafter called COMPANY, to initiate credit entries of all benefit payments due me or my designated beneficiary to the financial institution listed below. If a payment is received after notification of my or my beneficiary's death, the financial institution shall return the payment to the COMPANY.

I/We further authorize the financial institution to debit my/our account and return to the COMPANY any and all amounts requested pertaining to benefit payments made in error at any time and all amounts requested pertaining to benefit payment(s) made in error at anytime or following my/our death to which I/we were not entitled. This authorization is to remain in full force and effect until the COMPANY has received written notification from me or my designated beneficiary of its termination in such time and in such manner as to afford the COMPANY and the receiving financial institution a reasonable opportunity to act on it.

Date	Date
Retiree's Name (Please print)	Spouse/Beneficiary's Name (Please print)
Retiree's Signature	Spouse/Beneficiary's Signature
Retiree's Soc. Sec. Number	Spouse/Beneficiary's Soc. Sec. Number
Type of Account: Checking ☐ Savings ☐	
Account # To ensure accuracy please attach a VOIDED to provide you with these numbers.	
Name of Financial Institution	
Address of Financial Institution	
City/State/Zip Code	
PLEASE CHECK ONE:	
1st Authorization for	NEW ACCOUNT / REPLACE

**PREVIOUS AUTHORIZATION** 

**ELECTRONIC DEPOSIT**