



THE STATE BAR OF CALIFORNIA

Direct Deposit Authorization for Retiree Health

Please complete this form and return to:

Or email to: RetireeBenefits@calbar.ca.gov

Office of Human Resources
845 S. Figueroa Street
Los Angeles, CA 90017

Name (First Name, Middle Initial, Last Name)

Last 4 digits of Retiree's SSN

Street Address

Daytime Phone

City, State, Zip Code

ACCOUNT INFORMATION

Please include a voided, pre-printed personalized check.

If a duly authorized representative is completing this form, please include a fully executed Power of Attorney.

Financial Institution

Type of Account

☐

Checking

☐

Savings

Routing Number (9 digits)

Account Number (1-17 digits)

Attach voided check here:

Authorization for Setup, Changes, or Cancellation of Direct Deposit or Address Change

I hereby request and authorize the State Bar of California 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.

Signature

Date