



City of Fresno Retirement Systems

Employees System Fire & Police System

ELECTRONIC DEPOSIT SIGN-UP/AUTHORIZATION FORM

PLEASE PRINT THE FOLLOWING INFORMATION

Employee Name

SSN

Address

Daytime Phone Number

City

State

Zip

Home Phone Number

1. Complete and sign the authorization form below.
2. Indicate whether pay is to be deposited into a checking or savings account
 - ▶ If deposited to your checking account, attach a voided check.
 - ▶ If deposited to your savings account, please obtain the correct transit routing and account numbers from your financial institution.
3. Return this form, along with a voided check or savings account information to:
**City of Fresno Retirement Systems
2828 Fresno Street Suite 201
Fresno, California 93721-1327**

I hereby authorize the City of Fresno Retirement Systems to initiate deposits, or correct entries to previous deposits to my account (select one):

Checking Account Savings Account

Name of Your Bank, Savings and Loan or Credit Union

Bank's Mailing Address (if known)

Bank's City and State Location

Signature

Your Name (Please Print)

Date

**Your check stub will be mailed to you by the Retirement Office.
If you should have any questions, please call (559) 621-7080.**

PLEASE REMEMBER TO ATTACH YOUR VOIDED CHECK!