



ELECTRONIC FUNDS TRANSFER

**FORM
209**
(Rev. 2026)

Purpose of the form: Use this form to authorize or cancel the direct deposit of your CCCERA benefit payments to a financial institution or trust account.

Instructions:

- Complete form in blue/black ink and return to CCCERA. Submit original document only; fax/email copies will not be accepted.
- A designated representative may sign if CCCERA has a valid *Power of Attorney* on file.
- **For a checking account:** Attach a voided check (not a deposit slip) or a bank specification form that includes a valid American Banking Association routing number and checking account number.
- **For a savings account:** Attach a document that shows:
 - (1) a valid Transit and American Banking Association number of the financial institution, and
 - (2) the number of the savings account that you want to use for the direct deposit.
- **Indicate the percentage** of your net distribution or net pay to deposit in each account you list (must total 100%).
- **For a trust account:** Attach the Certification of Trust

Member Information			
Full Name		Last 4 of Social Security Number	
Street or P.O. Box			Apartment #
City		State	Zip Code
Phone (with area code)	Email:	Check One <input type="checkbox"/> New/Update Direct Deposit <input type="checkbox"/> Cancel Direct Deposit	
If you have multiple payment accounts (for example, if you are a beneficiary or alternate payee), please indicate which account to apply changes to. (See notes on page 4)			
<input type="checkbox"/> Apply to all <input type="checkbox"/> Specific: _____			

Financial Institution Information			
Name of Financial Institution			% of Net Pay _____ %
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Individual <input type="checkbox"/> Joint	Routing Number	Account Number	
Joint Account Holder Information (if applicable)			
Full Name		Last 4 of Social Security Number	
Street or P.O. Box		Apartment #	Phone (with area code)
City		State	Zip Code

Financial Institution Information (Optional)			
Name of Financial Institution			% of Net Pay _____ %
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Individual <input type="checkbox"/> Joint	Routing Number	Account Number	
Joint Account Holder Information (if applicable)			
Full Name		Last 4 of Social Security Number	
Street or P.O. Box		Apartment #	Phone (with area code)
City		State	Zip Code

Contra Costa County Employees' Retirement Association
1200 Concord Avenue, Suite 300, Concord, CA 94520
Phone 925-521-3960 • Fax 925-521-3969 • cccera.gov



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Financial Institution Information (Optional)		
Name of Financial Institution		% of Net Pay _____ %
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Individual <input type="checkbox"/> Joint	Routing Number	Account Number
Joint Account Holder Information (if applicable)		
Full Name		Last 4 of Social Security Number
Street or P.O. Box	Apartment #	Phone (with area code)
City	State	Zip Code

Authorization Agreement	
<p>I hereby authorize:</p> <ul style="list-style-type: none"> • Contra Costa County Employees' Retirement Association to initiate electronic funds transfer entries to my account(s) at the financial institution named above. • Contra Costa County Employees' Retirement Association, if necessary, to debit my account with amounts transferred after my date of death or transmitted in error. • The Bank to credit and/or debit entries into my account. 	
Member Signature	Date – mm/dd/yyyy
Joint Account Holder Signature (if any) (See special notice to joint account holders on page 4)	Date – mm/dd/yyyy



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Trust Information (for depositing to a trust)	
Name of Trust	Date of Trust
Name of Trustee	Trust's Taxpayer Identification Number
<p>I have attached the following required document:</p> <p><input type="checkbox"/> Certification of Trust for my trust agreement</p>	
<p>I hereby authorize Contra Costa County Employees' Retirement Association to pay my monthly allowance by electronic funds transfer (direct deposit) to my <i>inter vivos</i> revocable trust as indicated above.</p> <p>I affirm under penalty of perjury under the laws of California that the above-named trust is one of the following:</p> <p><input type="checkbox"/> A living trust controlled by me during my lifetime.</p> <p><input type="checkbox"/> An income-only trust, also known as a Miller trust, that is controlled by me during my lifetime.</p> <p><input type="checkbox"/> A trust established for me to qualify for Medi-Cal, as established pursuant to Chapter 14 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code, or comparable assistance.</p> <p>Should the trustee of my trust change, I or my successor trustee (in the event that I am deceased or incapacitated) must notify CCCERA of such fact by written notice immediately and no later than 30 days from that event.</p> <p>I agree to advise CCCERA in writing of any changes to the information provided herein within 30 days of such change, after which CCCERA may elect to continue to pay allowances into the trust account or may require me to designate a non-trust account in which to receive future payments or else elect to receive paper checks.</p> <p>I agree not to hold CCCERA liable for any payments into the trust account or for any withheld payments if CCCERA determines payment into the account is no longer appropriate.</p> <p>I understand that the retired member's retirement allowance shall only be paid to the trust during the member's lifetime.</p> <p>I agree that any overpayments of the member's retirement allowance, made after the retired member's date of death, shall be recouped by CCCERA.</p> <p>I affirm that monies paid by CCCERA to this trust after my date of death must be returned to CCCERA. My trustee and successor trustee(s) have been notified of their responsibility to notify CCCERA immediately upon my death and of their obligation to repay any monies to which CCCERA is entitled.</p> <p>I certify under penalty of perjury of the laws of the State of California that all the information on this form is true and correct.</p>	
Member Signature	Date – mm/dd/yyyy
Member's Spouse/Co-Trustee Signature	Date – mm/dd/yyyy

Authorization Agreement	
<p>I hereby authorize:</p> <ul style="list-style-type: none"> • Contra Costa County Employees' Retirement Association to initiate electronic funds transfer entries to my account at the financial institution named above. • Contra Costa County Employees' Retirement Association, if necessary, to debit my account with amounts transferred after my date of death or transmitted in error. • The Bank to credit and/or debit entries into my account. 	
Member Signature	Date – mm/dd/yyyy
Joint Account Holder Signature (if any) (See special notice to joint account holders on page 4)	Date – mm/dd/yyyy



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Why should I sign up for Electronic Funds Transfer (EFT)?

- Eliminates the risk of loss, theft, forgery, or mail delays of your retirement check
- Automatically deposit retirement checks while away from home
- Eliminate trips to the bank to deposit your pension funds

EFT automatically electronically deposits your monthly retirement benefit into your bank, savings, loan, or credit union account. No paper check is printed, so there are no postal service delays. Plus, you receive a Deposit Advice Form (check stub) showing you the amount of your deposit, any deductions, or other important information regarding your transfer.

How does this work?

Fill out and return the Electronic Funds Transfer Form to the Retirement Office **by the 15th of the month**. If you choose to have your pension deposited to a checking account, **be sure to include a VOIDED check**. If you choose to have your pension deposited to a Trust, **you must also include the Certification of Trust for trust agreement**.

Once we have received your completed EFT form and the necessary documents we will submit a pre-notification to your bank. This ensures all information on the EFT form is accurate before actual funds are transferred.

If there are no problems with the pre-notification, your monthly retirement benefit will be deposited electronically each month thereafter. In addition, a Deposit Advice Form will always be mailed to you notifying you of the deposit.

If the pre-notification fails, then your monthly retirement benefits will be mailed to you by check until your account information can be confirmed correctly.

What if I have changes to the bank or account number?

If you have any changes to your EFT authorization, call our office and request another EFT form. Your check will undergo the same process as listed above.

What if I no longer want EFT?

If you want to stop EFT, fill out another Electronic Funds Transfer Form, check "Cancel Direct Deposit" and return the form to the Retirement Office at the address below.

Special Notice to Joint Account Holders

If your account is a joint account and receives direct deposit benefit payments for a CCCERA retiree, you must inform CCCERA and the financial institution of the death of the CCCERA retiree. Payments sent by direct deposit after the date of death must be returned to CCCERA. CCCERA will then determine what survivor benefits, if any, are payable.