

Direct Deposit Authorization—Instructions

Use this *Direct Deposit Authorization* form to enroll, change or cancel direct deposit for your CalSTRS payment. For faster processing, enroll and manage your direct deposit account online using your *myCalSTRS* account at CalSTRS.com.

SECTION 1—YOUR AUTHORIZATION

AUTHORIZE: By checking the AUTHORIZE box, signing and submitting this form, you are authorizing CalSTRS to transmit any benefit payments due by electronic funds transfer to the designated account. Check the AUTHORIZE box to enroll in direct deposit or to change an existing authorization.

Electronic payments to your designated account must meet NACHA requirements. The requirements are designed to comply with U.S. law and impose additional reporting requirements on all electronic payments, including direct deposits that directly involve a financial institution outside the territorial jurisdiction of the United States. Per the State Controller's requirements, if you receive your monthly benefit payment via direct deposit at a U.S. financial institution and then have the entire amount forwarded to a financial institution in another country, you will be issued a paper check in lieu of the direct deposit.

CANCEL: By checking the CANCEL box, signing and submitting this form, you are authorizing CalSTRS to cancel an existing direct deposit authorization.

YOUR INFORMATION

Provide your name, Client ID or SSN, mailing and email addresses, and telephone number. Then sign and date the form on the lines provided.

View and print your current and past benefit payment statements from your *myCalSTRS* account. (Cash Balance Benefit annuity payments are not available to view or print from *myCalSTRS*.)

If you want to receive statements by mail, you can choose to receive them twice a year—in February, with tax table changes, and in October, with the annual benefit adjustment—or every month by checking the appropriate box on the form.

SECTION 2—YOUR ACCOUNT INFORMATION

Checking Account Deposits: Select “Checking” box and attach a voided personalized check to this authorization to assist us in verifying your account and routing numbers. (Do not attach a deposit slip.) If you don't have personalized checks, attach a letter from your financial institution confirming your routing and account number.

Savings Account Deposits: Select “Savings” box and attach a letter from your financial institution confirming your routing and account number.

GENERAL INFORMATION

Mail your completed *Direct Deposit Authorization* form to: CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275 or fax to 916-414-5474.

Generally, your first payment will be deposited into your account within one to two pay periods after we receive the authorization.

To avoid delay in processing your payments, do not close your old account until your first payment is deposited into your new account.

Your direct deposit will continue to be deposited into your designated account until we are notified in writing using this form or online using your *myCalSTRS* account that you wish to change or cancel your direct deposit authorization.

To avoid delays in benefits or communications, promptly update changes to your mailing address online using your *myCalSTRS* account or the *Address Change Request* form, available at CalSTRS.com.

NOTE: The security of your CalSTRS account is important to us. When you make a change to your direct deposit information, we will send you a letter and an email confirming the change. You cannot opt out of receiving these notifications.

PRIVACY NOTICE

CalSTRS is authorized by California Education Code sections 24604 and 22450 to collect and use the information on this form for identification and enrollment processing for payment of benefits by direct deposit. The information collected will be disclosed to the State Controller's Office, an originating financial institution and the Federal Reserve Bank for the purpose mentioned. You must provide all information on this form. Failure to provide the mandatory information may result in non-enrollment of your direct deposit, or could cause the enrollment to be processed incorrectly. You have the right to review the file maintained on you by CalSTRS upon proper identification. Contact CalSTRS by calling 800-228-5453 or write to CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275.

Direct Deposit Authorization

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CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, MS 85
Sacramento, CA 95851-0275
800-228-5453
916-414-5474 fax
CalSTRS.com

Use this form to authorize CalSTRS to send your benefit payments electronically to your designated account, or to change or cancel your current direct deposit authorization. Print clearly in black or blue ink, then mail or fax your completed form to us. **For faster processing, enroll or manage your direct deposit authorization using your myCalSTRS account.**

Section 1: Your Authorization

I **AUTHORIZE** CalSTRS to directly deposit my benefit payments via electronic funds transfer in my account indicated below. I agree to receive my benefit payment statements (direct deposit advices) electronically unless I request otherwise. I certify that the entire payment amount of my direct deposit is not ultimately deposited into a financial institution outside of the U.S. I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010).

I **CANCEL** my direct deposit authorization. I understand that once my request is processed, I will receive my benefit payments by mail.

LAST, FIRST, INITIAL

CLIENT ID OR SSN

MAILING ADDRESS

TELEPHONE NUMBER

CITY, STATE AND ZIP CODE

EMAIL ADDRESS



SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

Your benefit payment statements, except for Cash Balance annuity payments, are provided on myCalSTRS. To receive your statements by mail, select one:

- Mail my statement twice a year—in February, with tax table changes, and October, with the annual benefit adjustment. Mail my statement each month.

Section 2: Your Account Information (select one)

- Checking:** Attach a voided personalized check from your financial institution here. (Do not attach a deposit slip.) Or attach a letter from your financial institution with this request.
- Savings:** Attach a letter from your financial institution verifying your routing and account number.



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