

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. 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.**

## SECTION 1: MEMBER INFORMATION

Enter your Client ID or your Social Security number, full name, date of birth, and address.

## SECTION 2: YOUR AUTHORIZATION AUTHORIZES:

By checking the AUTHORIZE box, signing and submitting this form, you are authorizing CalSTRS to transmit your benefit payment by electronic funds transfer to the designated account(s). 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. If you are wishing to cancel your direct deposit, please also fill out section three so we know which payment you would like to cancel the direct deposit for.

## SECTION 3: PAYMENT TYPE

Check the boxes to indicate the types of payments you want your new direct deposit information to be applied to or canceled for. Complete a separate form if you want to elect different bank accounts for different types of payments. See your benefits application or warrant for payment type information.

## SECTION 4: BANK 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.

## SECTION 5: BENEFIT PAYMENT STATEMENT DELIVERY PREFERENCE

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 6: REQUIRED SIGNATURE

Direct Deposit changes require the payee's signature and signature date. If you are signing this form for someone, you must have legal documentation on file with CalSTRS that gives you authority to sign.

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 or until we receive notice from your bank that the account information is no longer valid. To avoid delays in benefits or communications, promptly update changes to your mailing address and email 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 notify you 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

AS1130 REV 08/25

# CALSTRS®

California State Teachers' Retirement System  
P.O. Box 15275  
Sacramento, CA 95851-0275  
800-228-5453  
[CalSTRS.com](http://CalSTRS.com)

[For CalSTRS' Official Use Only]

## Section 1: Your Information

Provide either your Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

EMAIL ADDRESS

DATE OF BIRTH

## Section 2: Your Authorization

- ☐ I AUTHORIZE CalSTRS to directly deposit my benefit payment(s) via electronic funds transfer in the account(s) 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. I wish to cancel my direct deposit for the payments listed in in section 3.



## Section 3: Payment Type

<input type="checkbox"/> Apply to all payments. (If you have marked this box, please continue to section 4)	
<input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Survivor <input type="checkbox"/> Option
<input type="checkbox"/> Defined Benefit Supplement	<input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Survivor <input type="checkbox"/> Option
<input type="checkbox"/> Cash Balance	<input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Survivor
<input type="checkbox"/> Other CalSTRS Payment (please specify)	

## Section 4: Bank Account Information

PERCENT OF YOUR BENEFIT YOU WOULD LIKE TO GO INTO THIS ACCOUNT

(THE ABOVE NUMBER MUST BE A WHOLE NUMBER. IF THIS NUMBER IS NOT 100%, PLEASE FILL OUT THE NEXT SET OF BANK ACCOUNT INFORMATION.)

☐ 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.

## Section 4: Bank Account Information continued

PERCENT OF YOUR BENEFIT YOU WOULD LIKE TO GO INTO THIS ACCOUNT

(THIS NUMBER MUST BE A WHOLE NUMBER AND TOTAL 100% WHEN ADDED WITH THE PERCENT ON PAGE 2.)

☐ 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.

## Section 5: Benefit Payment Statement Delivery Preference

Your benefit payment statements are provided on *myCalSTRS*. To receive your statements by mail, select one of the following:

☐ 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 6: Required Signature

SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)