

DIRECT DEPOSIT CANCELLATION

Please cancel the "direct deposit" of my monthly retirement payment. By signing below, I authorize the Kern County Employees' Retirement Association (KCERA) to mail my future payment to the address below.

Which plan(s) do you want affected by this form? *Check all that apply:* \Box Retiree \Box Beneficiary

First Name	MI	Last Name	
Social Security Number (last 4 digits)		Change Effective Date	
Street Address			
City	State		Zip
Phone Number	Personal Email Address		

Signature

Date

*A COPY OF YOUR CURRENT DRIVER'S LICENSE OR GOVERNMENT-ISSUED IDENTIFICATION IS REQUIRED *** RETURN ORIGINAL SIGNED FORM -- COPIES WILL NOT BE ACCEPTED ***

<u>Notes</u>: Requests received after the 15th of each month may be processed the following month. To re-establish direct deposit in the future, please complete and return KCERA's *Direct Deposit Change Request* form.