

ELECTRONIC PAYMENT AUTHORIZATION AGREEMENT FORM

Instructions:

Send completed form via fax to (916) 414-4394 or to the address above. For questions, please email Epayers@calstrs.com

I would like to: Sign up as a new participant Update my current banking information

I plan on making electronic payments for: (check all that apply)

<input type="checkbox"/> Defined Benefit (DB) Contributions	<input type="checkbox"/> Cash Balance (CB) Contributions
<input type="checkbox"/> DB Penalty & Interest	<input type="checkbox"/> Employer Payroll Deductions (Buybacks)
<input type="checkbox"/> CB Penalty & Interest	<input type="checkbox"/> Retirement Incentives and Enhancements

EMPLOYER CONTACT INFORMATION

County Name: Source Code (2 digits):

District Name (if applicable): District Code (3 digits):

Mailing Address:

P.O. Box: City: State: Zip Code:

Contact Name (First and Last): Phone Number:

Email Address: Email Preference: Plain Text HTML

BANK INFORMATION

Bank Account Type: Checking Other:

Account Holder Name:

Routing Number (9 digits): —

Account Number:

Account Nickname (optional):

The California State Teachers' Retirement System is hereby authorized to process debit entries to the bank account identified on this form upon initiation by the above named entity. The entity agrees to have their bank account payment method stored for online payment use. This authority is to remain in full force until the California State Teachers' Retirement System is notified by the entity identified in this agreement to terminate participation in the electronic payment program.

I agree with the above statement.

Name (First and Last): Title:

Signature (please print and sign): Date: