



COUNTY of VENTURA

County Executive Office
Human Resources/Benefits

Safe Harbor Retirement Plan

DIRECT DEPOSIT AUTHORIZATION FORM

1. PARTICIPANT INFORMATION (please print)	
Name (Last, First, MI)	Social Security Number (last four digits only): xxx-xx-
Address, City, State, Zip	Telephone Number
<input type="checkbox"/> Start: I hereby authorize the County of Ventura Safe Harbor Retirement Plan to deposit to the financial institution listed below my monthly annuity payment or my lump sum distribution. This authority will remain in effect until Principal Custody Solutions receives written notification from me of its termination and in such a manner as to provide Principal a reasonable opportunity to act on it.	
<input type="checkbox"/> Decline: I do not want direct deposit and choose to receive my checks by mail.	
_____	_____
Participant Signature	Date

2. FINANCIAL INSTITUTION (please print) *fill out only if not attaching a voided check (see below)	
Financial Institution Name	Account Type <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings
Address, City, State, Zip	Telephone Number
ABA Routing Number *	Account Number

PLEASE ATTACH/ENCLOSE VOIDED CHECK HERE
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Please return the completed form to us by mail or email	
<u>Mail</u> County of Ventura Human Resources - Safe Harbor Retirement Plan 800 South Victoria Avenue #1970 Ventura, CA 93009-1970	<u>Email</u> safe.harbor@ventura.org <u>Questions?</u> Email or call us at 805-654-2921