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|-----------------|----------|-----------|------------------------------|--|--|--|------------------------|--|--|--|
| OFFICE USE ONLY | | EMPL. NO. | TYPE OR PRINT YOUR FULL NAME | | | | SOCIAL SECURITY NUMBER | | | |
| ADD | FUND NO. | | | | | | | | | |
| | | | | | | | | | | |

DIRECT DEPOSIT AUTHORIZATION CARD FOR WATER AND POWER RETIREMENT PLAN

TRANSIT ROUTING NUMBERS

ACCOUNT NUMBER (INCLUDE BRANCH NUMBER)

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---|
| ⑆ | | | | | | | | | | ⑆ |
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CHECKING
 SAVINGS



TRANSIT ABA CHECK DIGIT

NOTE: WHEN COMPLETING ACCOUNT NUMBER INFORMATION, INSERT A HYPHEN (-) FOR EACH DASH CUE SYMBOL (") CONTAINED IN THE FIELD.

| | | | | | | | | | | | | |
|-----------|--|--|--|--------|------|--|--|-----------|-------|--|----------|--|
| BANK NAME | | | | BRANCH | | | | TELEPHONE | | | | |
| ADDRESS | | | | | CITY | | | | STATE | | ZIP CODE | |

PLEASE SIGN AND CHECK APPROPRIATE BOX - SEE INSTRUCTIONS ON REVERSE SIDE

- 1) I hereby authorize you to direct deposit my my allowance in my checking or savings account indicated above. I also authorize you to make corrections to my account to adjust for any errors in deposit.
- 2) I hereby request that you continue to direct my allowance, but in the new account indicated above.
- 3) I hereby request that you no longer deposit my allowance in my designated checking or savings account. Please mail future checks to the following address.

| | | | | | | | | | | | |
|--------|--|--|--|------|--|--|--|-------|--|-----|--|
| STREET | | | | CITY | | | | STATE | | ZIP | |
|--------|--|--|--|------|--|--|--|-------|--|-----|--|

SIGNATURE _____ PHONE _____ DATE _____

SEE REVERSE SIDE

DIRECT DEPOSIT INFORMATION

This card should be used only if you want to begin, change or cancel participation in the **Direct Deposit Program**.

1) BEGINNING PARTICIPATION IN THE DIRECT DEPOSIT PROGRAM

You may have the net amount of your monthly allowance directly deposited in your checking, savings or credit union account. If you desire this service, please ask your bank or savings institution to help you complete the other side of this card. Then check box #1, sign the card, and return it to this office, together with a copy of a voided or cancelled check or deposit slip for our verification of your account number. You will no longer receive a check in the mail, but you will thereafter receive a monthly statement showing your gross allowance, deductions taken, and the net amount of your deposit.

2) CHANGING ACCOUNTS

If you are currently participating in the direct deposit program and want the net amount of your monthly allowance deposited in a different account than the one previously designated, please check box #2 and sign the reverse side of this card. With the assistance of your bank or savings institution, complete the rest of the card and return it to this office, together with a copy of a voided or canceled check for our verification of your new account number.

3) CANCELLING PARTICIPATION IN THE DIRECT DEPOSIT PROGRAM

If you wish to discontinue the direct deposit service, print your name, Social Security number and address on the reverse side of this card, check box #3, sign the card and return it to this office. Bank and account number information may be omitted since this information is already on file at this office.

COMPLETED CARD SHOULD BE RETURNED TO THE ADDRESS BELOW

Water and Power Employees' Retirement Plan

P.O. Box 51111, Room 357

Los Angeles, CA 90051



Water and Power Employees' Retirement Plan

ELECTRONIC DIRECT DEPOSIT

To add, delete or make any change in your automatic direct deposit, please take the enclosed yellow card to your bank or financial institution. Ask them to fill in the transit routing and account numbers, then you sign and date it. All changes require the personal signature of the allowance recipient. Staple a **VOIDED** check from your account to the yellow card and return it to us. Do not close your old account until we notify you that this change has been made. **ALLOW 6 TO 8 WEEKS** to become effective.

NOTE: ALSO PLEASE - PLEASE - PLEASE let us know when you move or change your address. Failure to notify us of your address change will delay your receiving your automatic deposit notifications, your IRS form 1099R tax information, DWP Health insurance information in addition to any other information that is sent to you from the Retirement and Health Plan offices.