

## Direct Deposit Authorization—Instructions

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### SECTION A

Attach a voided personal check or your savings account statement to this authorization. This will aid in verifying your account and routing numbers.

### SECTION B—AUTHORIZATION INFORMATION

By signing and submitting this form, you are authorizing CalSTRS to transmit any benefits due by electronic funds transfer to the designated account.

If at any time the amount of benefits deposited exceeds the amount of benefits actually due and payable to you, you hereby authorize CalSTRS to either:

- Withhold a sum equal to the overpayment from future benefits; OR
- Recover such overpayment from the above-designated account.

This authorization remains in full force and effect until we receive written notification from you of its termination or when benefits are no longer payable.

You can view and print your benefit payment stubs online at *myCalSTRS* at [www.CalSTRS.com](http://www.CalSTRS.com). If you do not want to receive your benefit payment stubs in the mail, be sure to check the appropriate box on the form. Checking the NO box will not affect the mailing of your Form 1099-R. You will still receive your 1099-R at your mailing address.

### SECTION C—GENERAL INFORMATION

Send this completed *Direct Deposit Authorization* to:

CalSTRS  
P.O. Box 15275, MS 85  
Sacramento, CA 95851-0275

Your first payment will be deposited into your account within 30 to 60 days after we receive the authorization.

Please inform CalSTRS of any change in your home mailing address. You can update your mailing address online at *myCalSTRS*.

Your direct deposit will continue to be deposited into your designated account until we are notified in writing that you wish to change your account or financial institution. ***Do not close your old account until your first payment is deposited into your new account.***

To cancel your direct deposit, please use the *Address Change Request* form available at [www.CalSTRS.com](http://www.CalSTRS.com) or by calling 800-228-5453.

If your home address is outside California and you do not submit a new *Income Tax Withholding Preference Certificate* form, we will discontinue withholding state tax from your benefit. If you are moving from another state to California and do not submit an *Income Tax Withholding Preference Certificate* form, we will withhold state tax from your benefit at the rate for a married person with three exemptions.

### PRIVACY NOTICE

The California State Teachers' Retirement System is authorized by sections 24604 and 22450 of the California Education Code to collect and use the information requested on this form for the purposes of identification and enrollment processing for payment of benefits by direct deposit. The information collected on this form 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 nonenrollment 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. You may contact the Information Practices Coordinator at CalSTRS by calling 800-228-5453 or write to CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275.

# Direct Deposit Authorization

MS 1130 (Rev. 6/09)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 85  
Sacramento, CA 95851-0275  
800-228-5453  
www.CalSTRS.com

This form authorizes CalSTRS to send your benefit payments to the designated account. 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 up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).

Please type or use a ballpoint pen and print clearly. To cancel your direct deposit, please use the *Address Change Request* form available at [www.CalSTRS.com](http://www.CalSTRS.com) or by calling 800-228-5453.

## Section A Account Information

**Attach a voided check or statement from your financial institution indicating your account number, routing number and the type of account (checking or savings).**  
(Please do not attach a deposit slip.)

## Section B Authorization Information

I hereby authorize CalSTRS to directly deposit my benefit payments via electronic funds transfer.



SIGNATURE

PRINTED NAME

DATE

( )

TELEPHONE NUMBER

CLIENT ID OR SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY, STATE AND ZIP CODE

E-MAIL ADDRESS (OPTIONAL)

**Do you want your benefit payment stubs sent to your mailing address? You can view and print your benefit payment stubs online at [myCalSTRS](http://myCalSTRS).**

No, do not mail my benefit payment stubs.

Yes, please mail my benefit payment stubs.

## Section C General Information

Mail to: California State Teachers' Retirement System  
P.O. Box 15275, MS 85  
Sacramento, CA 95851-0275



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