

 <p>CITY OF SAN JOSE CAPITAL OF SILICON VALLEY OFFICE OF RETIREMENT SERVICES</p>	<p>Title</p> <p>AUTOMATIC DEPOSIT AUTHORIZATION</p>	<p>Document No.</p> <p>Form RP-3</p>	<p>Rev.</p> <p>3/4/2015</p>	<p>Page</p> <p>1 of 2</p>
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INSTRUCTIONS:

1. COMPLETE THE ATTACHED AUTOMATIC DEPOSIT AUTHORIZATION FORM TO SET UP A NEW ACCOUNT OR TO CHANGE/ADD AN ACCOUNT. PLEASE CONTACT YOUR FINANCIAL INSTITUTION TO ENSURE ALL INFORMATION IS CORRECT AND CURRENT.
2. IF YOU WISH TO DEPOSIT A SPECIFIC AMOUNT IN ONE ACCOUNT AND THE BALANCE OF YOUR CHECK IN ANOTHER ACCOUNT, YOU MUST COMPLETE SECTIONS **A AND B** OF THE FORM
3. ATTACH ONE OF YOUR **PRE-PRINTED VOIDED CHECKS** TO THE FORM FOR EACH CHECKING ACCOUNT.
4. IF YOU WISH TO CANCEL AN EXISTING ACCOUNT COMPLETE THE FORM WITH THE ACCOUNT INFORMATION AND CHECK THE TERMINATE BOX. MAKE SURE YOU SIGN AND DATE THE FORM.
5. RETURN IT TO:

**OFFICE OF RETIREMENT SERVICES
CITY OF SAN JOSE
1737 NORTH FIRST STREET, SUITE 600
SAN JOSE, CA 95112-4505
FAX: (408) 392-6732**

WHEN WILL THE AUTOMATIC DEPOSIT TAKE EFFECT?

- IF YOUR COMPLETED AUTOMATIC DEPOSIT FORM IS RECEIVED AFTER THE 5TH OF THE MONTH, THE REQUESTED CHANGES MAY NOT TAKE EFFECT UNTIL THE FOLLOWING MONTH AND SO THE CURRENT MONTH'S CHECK WILL BE MAILED TO YOUR HOME IF YOU HAVE CLOSED THE ACCOUNT, IF NOT, IT WILL GO TO THE EXISTING ACCOUNT.
- ISSUANCE OF YOUR CHECK MAY BE DELAYED IF YOU HAVE CLOSED YOUR DIRECT DEPOSIT ACCOUNT.

NOTE: IF THE BANK INFORMS THIS DEPARTMENT THAT THE ACCOUNT NUMBER IS INCORRECT, WE WILL NOTIFY YOU AND THE ABOVE PROCESS MUST BE REPEATED.

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<p>NAME: _____</p>	<p>SOCIAL SECURITY #: _____ - _____ - _____</p>
<p>TELEPHONE #: (____) _____</p>	<p>DATE: _____</p>

SECTION- A (PRIMARY ACCOUNT)

NEW AUTOMATIC DEPOSIT CHANGE TERMINATE DEPOSIT

TYPE OF ACCOUNT: CHECKING SAVINGS/MONEY MARKET

NAME OF BANK: _____ BANK'S TELEPHONE : (____) _____

BANK ADDRESS: _____

BANK'S ABA/ROUTING NUMBER (9 DIGITS): _ _ _ _ _

ACCOUNT #: _____

SECTION -B (SECONDARY)

NEW AUTOMATIC DEPOSIT CHANGE TERMINATE DEPOSIT

TYPE OF ACCOUNT: CHECKING SAVINGS/MONEY MARKET

NAME OF BANK: _____ BANK'S TELEPHONE : (____) _____

BANK ADDRESS: _____

BANK'S ABA/ROUTING NUMBER (9 DIGITS): _ _ _ _ _

ACCOUNT #: _____

DEPOSIT AMOUNT: Dollar Amount \$ _____ Percentage _____

Balance is to go to the account listed in section A

I HEREBY AUTHORIZE THE RETIREMENT OFFICE TO INITIATE AUTOMATIC DEPOSIT (S) OR TERMINATE TO THE FINANCIAL INSTITUTION (S) INDICATED ABOVE.

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL YOU RECEIVE WRITTEN NOTIFICATION FROM ME OF CANCELLATION OR THE CITY OF SAN JOSE OFFICE OF RETIREMENT SERVICES ELECTS TO CANCEL MY DEPOSIT SERVICE.

SIGNATURE: _____

DATE: _____