County of Santa Cruz

HUMAN RESOURCES DEPARTMENT

AJITA PATEL, DIRECTOR

701 OCEAN STREET, SUITE 510, SANTA CRUZ, CA 95060-4073

(831) 454-2600 FAX: (831) 454-2245 TDD: 711

RETIREE DIRECT DEPOSIT AUTHORIZATION

Retiree Health Insurance Reimbursement Program

Retiree Name: _____ **Phone Number:** _____

Mailing Address: _____

Email: _____

☐ Please enroll me in the Direct Deposit Option with the County of Santa Cruz for the Retiree Health Insurance Reimbursement Program.

BANK INFORMATION

Bank Name: _____

Routing Number: _____ Account Number: _____

Account Type: ☐ checking or ☐ savings

IMPORTANT NOTES:

- **You MUST include a void check or a bank statement** which shows your name & account number and return it to the Human Resources Department, Attention: Retiree Benefits.
- Deposit slips and handwritten documents **are not** acceptable, even if issued by your bank.
- Your monthly reimbursements are generally posted on or by the first day of the month.
- Your reimbursement will be directly deposited into one designated account.

I hereby authorize the County Auditor's Office to automatically deposit my Retiree Health Insurance Reimbursement to the account designated above. This authority will remain in effect until I notify the County Auditor's Office in writing of its termination.

_____ _____

Retiree Signature (or Power of Attorney – must supply documentation) **Date**

Please call (831) 454-3155 or email us at RetireeBenefits@santacruzcountyca.gov for question or concerns regarding your Retiree Health Reimbursements