



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-
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Address, City, State, Zip	Telephone Number
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☐ **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.

☐ **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
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Address, City, State, Zip	Telephone Number
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ABA Routing Number *	Account Number
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PLEASE ATTACH/ENCLOSE VOIDED CHECK HERE

Please return the completed form to us by mail or email

Mail
County of Ventura
Human Resources - Safe Harbor Retirement Plan
800 South Victoria Avenue #1970
Ventura, CA 93009-1970

Email
safe.harbor@venturacounty.gov

Questions?
Email or call us at 805-654-2921