

This change will be effective within 15 days of receipt of this form.

**1. Participant Information**

Name: \_\_\_\_\_ Account Number or SSN: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Phone type:  Home  Work  Cell

**2. Plan Type (select all that apply)**

401(k)  457

**3. Account Information**

**NOTE:** If any of the required information in this section is incomplete, invalid, or not provided, your request will not be processed.

New/Change Debit ACH **OR**  Cancel Debit ACH

**Financial Institution Information:**

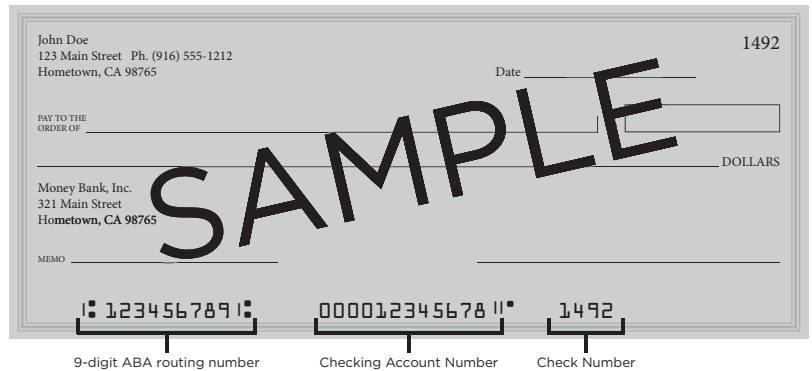
Bank Name \_\_\_\_\_

ABA (routing) Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type:  Checking  Savings

If account type is not selected, checking will be used.



**NOTE:** Direct Deposit is only offered through members of the Automatic Clearing House (ACH). We cannot accept a deposit slip or starter check for banking numbers. If ACH information is incorrect and the payment cannot be withdrawn from your bank account, a \$50 Insufficient Funds fee will be assessed.

Is this account associated with a brokerage firm or other investment firm?  Yes  No

If yes, have you confirmed that the ABA and account numbers are correct?  Yes  No

**4. Participant Certification**

By signing this Authorization, I acknowledge that my financial institution accepts direct debit ACH transactions. I hereby authorize a debit to my bank account for loan repayments in accordance with the Repayment Schedule of the Loan Agreement.

This authorization will remain in effect until Savings Plus has received written notification from me of its termination. I understand that changes can take up to 15 days to become effective. I understand that the State of California has the authority to approve or reject this request. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**California Department of Human Resources Privacy Notice on Information Collection** (rev. 9/15)  
 This notice is provided pursuant to the Information Practices Act of 1977. The California Department of Human Resources (CalHR), Savings Plus Program, is requesting the information specified on this form pursuant to California Government Code sections 19993 and 19999.5. The information collected will be used for identification of your account and will be disclosed to the Savings Plus Third Party Administrator (Nationwide) for processing of your request as indicated on the form. Individuals should not provide personal information that is not requested or required. The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR will not be able to process the action(s) indicated on the form as requested.  
**Department Privacy Policy** - The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy at <https://www.calhr.ca.gov/pages/privacy-policy.aspx>.  
**Access to Your Information** - Nationwide is responsible for maintaining collected records. You have a right to access records containing your personal information we maintain. To request access, contact: CalHR Privacy Officer, 1515 S Street 400N, Sacramento, CA 95811 / (916) 324-0455 / CalHRPrivacy@calhr.ca.gov or contact Nationwide at (855) 616-4776.