



# Direct Deposit Form

Phone: (855) 616-4776 • savingsplusnow.com

Processing will be completed within 3-5 business days of receipt of a properly completed, signed 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(b)

## 3. Account Information

**NOTE:** If any of the required information in this section is incomplete, invalid, or not provided, a check will be mailed.

New/Change Direct Deposit    **OR**     Cancel Direct Deposit

### Financial Institution Information:

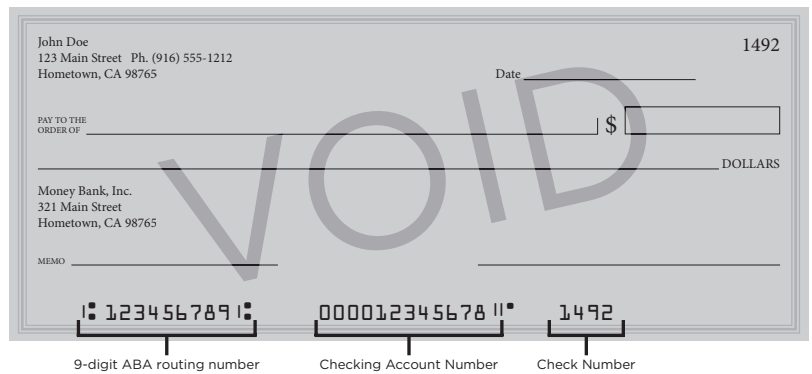
Financial Institution \_\_\_\_\_

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). A copy of a voided check (checking) or a letter from the financial institution (savings) must be included with this form to verify banking numbers if New Direct Deposit ACH is selected. We cannot accept a deposit slip or starter check for banking numbers. If ACH information is not completed correctly, a voided check is not provided or no option is selected, a check will be sent to your address on file.

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

I hereby authorize Savings Plus to initiate automatic deposits to my account at the financial institution named above. In the event an error is made, I authorize Savings Plus to make a corrective reversal from this account. Further, I agree not to hold Savings Plus responsible for any delay or loss of funds due to incorrect or incomplete information which I supplied or due to an error from my financial institution in depositing funds to my account. This agreement will remain in effect until Savings Plus receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to Savings Plus. In the event this direct deposit authorization form is incomplete, contains incorrect information or a voided check is not provided, I understand a check will be issued to my address of record.

## 4. Signature

I authorize Savings Plus to make direct deposits to the account identified above effective immediately. I understand that changes will take 3-5 business 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.

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

**California Department of Human Resources Privacy Notice on Information Collection (rev. 7/16)**  
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 Administrative Services Provider (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 [calhr.ca.gov/pages/privacy-policy.aspx](http://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](mailto:CalHRPrivacy@calhr.ca.gov) or contact Nationwide at (855) 616-4776.

Mail the original form to Nationwide Retirement Solutions, PO Box 182797, Columbus, OH 43218-2797 or fax to (877) 677-4329.