The City of Sacramento offers ACH (Automated Clearing House) payments for your monthly reimbursement for the Out of Area/Cash in Lieu of medical insurance.

**What are ACH Payments?**
ACH payments are electronic payments that will be sent to your bank account instead of you receiving a physical check in the mail from the City.

**Is there a charge for this ACH Payment?**
There is no charge for this service from City of Sacramento.

**What is the benefit of signing up for ACH?**
Since ACH payments are directly deposited to your bank account, you will receive your reimbursement sooner each month than if you received a physical check.

**How will I know when I get paid?**
City of Sacramento will email a payment advice to your email address provided on the signup form. The payment advice will provide details of ACH payments sent to your bank account.

**How do I sign up?**
Signing up is easy. Please complete the attached form and return to:

City of Sacramento
Department of Human Resources
915 I Street, HCH-Plaza Level
Sacramento, CA 95814

OR

Fax it to (916) 808-7326

Please ensure that the form is completely filled out and a voided check/voided deposit slip (for savings account) is attached. **ACH payments will be implemented on the next available monthly reimbursement after receipt of your signed form and voided check/deposit slip.**
CITY OF SACRAMENTO

ACH Authorization – Retiree Out of Area/Cash in Lieu Payments

☐ ENROLLMENT  ☐ CHANGE  ☐ CANCELLATION

Complete this form to enroll in the electronic deposit program.
Please print the following information clearly.

YOUR NAME: ____________________________________________

First Name  MI  Last Name  Phone #

SOCIAL SECURITY NUMBER: ____________________________________

EMAIL ADDRESS (for payment notification): ___________________________

YOUR FINANCIAL INSTITUTION (Bank, Savings and Loan, Credit Union)

INSTITUTION NAME: ____________________________________________

ACCOUNT TYPE:  ☐ For a checking account, enter C.  Attach a voided check for checking account to this form.
☐ For a savings account, enter S.  Attach a voided deposit slip for savings account to this form.

ACCOUNT NUMBER: ____________________________

ROUTING NUMBER: ____________________________

I hereby authorize the City of Sacramento to initiate deposits (credits) and/or corrections to the previous deposits to the institutions indicated above. The financial institution is authorized to credit and/or correct the amounts to my account. This authorization is to remain in effect until I revoke it by giving 20 days prior notice in writing to the City of Sacramento.

Retiree Signature ____________________________  Date ____________________________

Return To:
City of Sacramento
Department of Human Resources
915 I Street, HCH-Plaza Level
Sacramento, CA 95814

OR
Fax to: (916) 808-7326

For City use only:
City of Sacramento Supplier ID: ____________________________