

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: 

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ROUTING NUMBER: 

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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:

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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: \_\_\_\_\_