



PLEASE READ CAREFULLY
BEFORE YOU BEGIN
TO FILL OUT THE
ELECTRONIC FUND TRANSFER (EFT) FORM

Instructions are provided on the EFT form, but to help you get ready to complete the form, here is a checklist:

1. Have your correct Social Security Number
2. Know your account number and type of account (Savings or Checking)
3. If you choose the checking account, please attach a voided check to the form.
4. If your account is a joint account, you will need the joint account holder's information and signature where indicated.

Once you have completed "Section 1" of the EFT form, take it to your bank or financial institution to complete Section 2. They may keep a copy and you will need to send the original to the San Francisco Employees' Retirement System, 1145 Market Street, 5th Floor, San Francisco, CA 94103.

If a new EFT is requested or a change in EFT account is requested, the current EFT record is invalidated and **checks will be mailed to your mailing address until the new EFT to the new account goes into effect.**

IF EFT FORM IS RECEIVED BY:	CHECK MAILED TO MAILING ADDRESS BY	EFT WILL BE EFFECTIVE NO LATER THAN THE BUSINESS DAY AFTER:
January 11	January 31	The last day of February
February 11	The last day of February	March 31
March 11	March 31	April 30
April 11	April 30	May 31
May 11	May 31	June 30
June 11	June 30	July 31
July 11	July 31	August 31
August 11	August 31	September 30
September 11	September 30	October 31
October 11	October 31	November 30
November 11	November 30	December 31
December 11	December 31	January 31



SFERS

San Francisco Employees' Retirement System

Electronic Funds Transfer (EFT) Authorization Form

SAN FRANCISCO EMPLOYEES' RETIREMENT SYSTEM (SFERS)
1145 MARKET STREET, 5TH FLOOR, SAN FRANCISCO, CA 94103

To sign up for EFT, please read the cover letter and fill in the information requested in Section 1. Then take this form to your financial institution for them to complete. Return the completed original of this form to SFERS at the address above.

Please advise SFERS of address changes so that you will receive your monthly EFT Advise Notice, annual tax statements, notices of elections of the Retirement Board, and other important benefit information.

SECTION 1 (to be completed by the payee)

Name of SFERS Payee:	SFERS Payee SSN:	SFERS Payee Retirement #: (if known)
Address:	Joint Account Holder's Certification	
Area Code/Phone Number:	I certify that I have read this form and understand that I should advise both the SFERS and the financial institution of the death of the SFERS payee and that funds deposited after the date of death are to be refunded to SFERS. I further understand that failure to notify SFERS of the death of the payee could result in personal liability to me.	
Payee's Certification		Name, Address, and Phone Number of Joint Account Holder:
I certify that I am entitled to a payment from SFERS and that I have read and understood the information on this form and instructions provided. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. I authorize amounts transferred after my date of death or transmitted in error to be debited from my account and refunded to SFERS. I further authorize this financial institution to provide SFERS with any changes to my home or mailing address.		
Signature of SFERS Payee	Date	Signature of Joint Account Holder Date

SECTION 2 (to be completed by the financial institution)

Name and Address of Financial Institution:	Transit Number:	
Branch Name and Number:	Depositor Account Number (Please show exactly how the number should be recorded, including any necessary spaces, zeroes, or dashes.):	
Branch Phone Number:	Type of Account: (Select only one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings (Please attach a voided check)	
Financial Institution's Certification		
In consideration of SFERS making payments without requiring the payee's personal endorsement conveying the payment and without requiring other proof that the payee is alive on the date the payment falls due, we hereby agree to refund SFERS on demand, the amount of any payments we receive after the payee's date of death. We further agree to accept SFERS's certification as sufficient proof of the date of death. We further agree to provide SFERS any changes to the payee's home or mailing address.		
Signature of Financial Institution Representative:	Print or Type Representative Name:	Date:
For staff use only <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancellation		Reviewed ____ Entered: ____ Checked ____