



**PLEASE READ CAREFULLY
BEFORE YOU FILL OUT THE
ELECTRONIC FUNDS TRANSFER (EFT) FORM**

Instructions are provided on the EFT form, but to help you complete the form, please review the following checklist:

1. Have your correct Social Security Number
2. Know your bank 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, provide 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 have them complete Section 2. Your bank or financial institution may keep a copy of the form, however, you must keep the original form with the original signatures and return it to SFERS: 1145 Market Street, 5th Floor, San Francisco, CA 94103.

To request a new EFT, or change an existing EFT account, please submit a new EFT Form. **A physical check will be mailed to your address of record until the EFT to the new account goes into effect.**

Completed EFT Forms received by SFERS by the 10th of the month will be effective in that month:

EFT FORM RECEIVED BY:	CHECK MAILED 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



Electronic Funds Transfer (EFT) Authorization Form

1145 Market Street, 5th Floor, San Francisco, CA 94103
Website: www.mysfers.org **Telephone:** (415) 487-7000

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 Advice Notice, annual tax statements, notices of elections of the Retirement Board, and other important benefit information.

SECTION 1 (to be completed by the payee)

SFERS Payee Name:	SFERS Payee SSN:	SFERS Payee DSW # (if known):
Payee Address:	Joint Account Holder's Certification	
Payee E-mail Address:	I certify that I have read this form, and I understand that I should advise both 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 payee's death could result in personal liability to me.	
Daytime Phone Number:		
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 understand the information on this form and the instructions provided. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited into 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 notify SFERS of 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 the number exactly how it should be recorded, including spaces, zeroes, or dashes):	
Branch Phone Number:	Type of Account: (Select only one)	
	_____ Checking	_____ 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' certification as sufficient proof of the date of death and notify SFERS of 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 _____	

RETURN ORIGINAL TO SFERS