



**SFERS**  
San Francisco Employees' Retirement System

## San Francisco City and County Employees' Retirement System

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

Detailed instructions are provided on the EFT form, but please:

1. Have your correct DSW number or the last four digits of your Social Security Number.
2. Know your account number and type of account (Savings or Checking).
3. Include a pre-printed, personalized voided check with the form if you choose a checking account. SFERS will also accept Automated Deposit Slips issued by your financial institution.
4. If your account is a joint account, the joint account holder's information and signature is required.
5. If you have an active EFT and are cancelling or changing your account due to it being compromised or closed, please notify SFERS immediately by calling 415-487-7000 or emailing [sfersconnect@sfgov.org](mailto:sfersconnect@sfgov.org).

**The original EFT form with the original signature(s) must be returned to SFERS: 1145 Market St. 5th Floor, San Francisco CA 94103. SFERS does not accept copies or emailed forms.**

**A bank signature is required if you are authorizing payments to your savings account or do not have pre-printed, personalized checks, see Section 2.** The bank may keep a copy of the form; however, you must send the original with original signatures to the SFERS.

#### Processing Deadlines

- If a new EFT or change in EFT account is requested, and SFERS receives and approves the form **by the 10<sup>th</sup> of the month**, the direct deposit for the new account will take effect for that month's payment.
- If SFERS receives the form **after the 10<sup>th</sup> of the month**, the direct deposit for that month will be deposited in your prior account, and direct deposit for your new account will start in the following month.

You can view your EFT Advice Notice online, which shows your total deposit amount, in your mySFERS member portal account at [www.mysfers.org](http://www.mysfers.org).



# Electronic Funds Transfer (EFT) Authorization Form

1145 Market Street, 5<sup>th</sup> Floor, San Francisco, CA 94103  
Website: [www.mysfers.org](http://www.mysfers.org) Telephone: (415) 487-7000

To sign up for an EFT, please read the cover letter and fill in the information requested in Sections 1 and 2. Return the completed original form to SFERS at the address above.

Please advise SFERS of address changes so that you will receive your monthly EFT Advice Notices, annual tax statements, Retirement Board election notices, and other important benefit information.

## Section 1: Information About You

Name of SFERS Payee:	DSW # or last 4 of SSN:	Area Code/Phone Number:
Address:	<b>Joint Account Holder's Certification</b> I certify that I have read this form and 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 death of the payee could result in personal liability to me.	
Email Address:		
<b>Payee's Certification</b> 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 SFERS to send payments to the financial institution named below to be deposited to the designated account. I authorize payments 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.	<b>Name, Relationship, Address, and Phone Number of Joint Account Holder:</b>	
Signature of SFERS Payee	Date	Signature of Joint Account Holder
		Date

## SECTION 2: Information About Your Account

Select the account type for your direct deposit. <b>(Select only one)</b>		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Joint Account (if so, complete above) <input type="checkbox"/> Trust Account		
Name and Address of Financial Institution	Branch Name and Phone Number	
Routing Number (Nine Digits):	Account Number:	
<b>Please include your voided, pre-printed personalized check.</b> If you are authorizing your payment to your savings account, or do not have pre-printed, personalized checks, please have your financial institution complete the section below or attach a bank verification letter containing your name, account number and routing number.		
<b>Financial Institution Certification</b> (only required if you do NOT have a pre-printed, personalized check or a bank verification letter)		
I confirm the identity of the above-named payee and the account number. As a representative of the above-named financial institution, I certify the financial institution agrees to receive and deposit the payment identified above.		
Signature of Bank Representative	Print Bank Representative Name	Date (mm/dd/yy)

EFT2025

<b>For Staff Use Only</b> <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancellation	Reviewed: _____ Entered: _____ Checked: _____
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