



San Francisco City and County Employees' Retirement System

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

The EFT form includes detailed instructions; please also follow the steps below:

1. Have the last four digits of your Social Security Number.
2. Know your account number and type of account (savings or checking).
3. Obtain a pre-printed, personal voided check or automated deposit form from your financial institution on their letterhead showing the routing number and your account number.
4. If your account is a joint account, the joint account holder's information and signature are required.
5. If you have an active EFT and need to cancel or change your account because it was compromised or closed, please notify SFERS immediately by calling 415-487-7000 or emailing 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.

Processing Deadlines

- If SFERS receives and approves a new or updated EFT form **by the 10th of the month**, the direct deposit change will take effect for that month's payment.
- If SFERS receives your form **after the 10th of the month**, that month's payment will go to your prior account, and the new direct deposit will begin the following month.

After EFT is established and payments are made directly to your bank account, you can view your advice notice online in the mySFERS member portal at **www.mysfers.org**.



Electronic Funds Transfer (EFT) Authorization Form

1145 Market Street, 5th Floor, San Francisco, CA 94103

Website: www.mysfers.org Telephone: (415) 487-7000

To initiate or change 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 any address change 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:	Last 4 of SSN:	Area Code/Phone Number:
Address:	Joint Account Holder's Certification 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 payee's death could result in personal liability for me.	
Email Address:		
Payee's Certification I certify that I am entitled to payment from SFERS, and that I have read and understood the information on this form and the 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.	Name, Relationship, Address, and Phone Number of Joint Account Holder:	
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. (Select only one) ☐ Checking ☐ Savings ☐ Joint Account (if so, complete above) ☐ Trust Account	
Name and Address of Financial Institution	Branch Name and Phone Number
Routing Number (Nine Digits):	Account Number:
Please include a voided, preprinted personal check or an automated deposit form from your financial institution on its letterhead, showing the routing number and your account number.	

For Staff Use Only ☐ New ☐ Change ☐ Cancellation	Reviewed: ____ Entered: ____ Checked: ____
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