



# Electronic Funds Transfer (EFT) Authorization Form

**SAN FRANCISCO EMPLOYEES' RETIREMENT SYSTEM (SFERS)**  
1145 MARKET STREET, 5<sup>TH</sup> 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)

<b>Name of SFERS Payee:</b>		<b>SFERS Payee SSN:</b>	<b>SFERS Payee Retirement #:</b> (if known)
<b>Address:</b>		<b>Joint Account Holder's Certification</b> 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.	
<b>Area Code/Phone Number:</b>			
<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 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.		<b>Name, Address, and Phone Number of Joint Account Holder:</b>	
<b>Signature of SFERS Payee</b>	<b>Date</b>	<b>Signature of Joint Account Holder</b>	<b>Date</b>

## SECTION 2 (to be completed by the financial institution)

<b>Name and Address of Financial Institution:</b>		<b>Transit Number:</b>	
<b>Branch Name and Number:</b>		<b>Depositor Account Number (Please show exactly how the number should be recorded, including any necessary spaces, zeroes, or dashes.):</b>	
<b>Branch Phone Number:</b>		<b>Type of Account: (Select only one)</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings (Please attach a voided check)	
<b>Financial Institution's Certification</b>			
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.			
<b>Signature of Financial Institution Representative:</b>		<b>Print or Type Representative Name:</b>	<b>Date:</b>
<b>For staff use only</b> <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancellation		Reviewed _____ Entered: _____ Checked _____	