

E _____
Last 4 Digits of SSN Employee Identification Number

Do not submit this form by email.

You must submit your form via fax to (718) 935-4124 or (718) 935-3830.

Prefix

Mr Mrs Ms Miss Other _____

Name	M.I.	Last Name

Home/Legal Address	Apt. No.

City	State	Zip Code

Please select the appropriate box for the above address.

Check one: Permanent Address Temporary Address

Important: If you select the Permanent Address box, you are authorizing BERS to use the address on this form to update your records.

Mailing Address (if different from above)	Apt. No.

City	State	Zip Code

Primary Telephone Number	Secondary Telephone Number
<input type="checkbox"/> Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED - Primary Email Address	Secondary Email Address

OFFICIAL DATE OF RECEIPT

**BERS
USE ONLY**

Processing Date

RETIREEES EFT AUTHORIZATION



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ACKNOWLEDGEMENT

I hereby authorize the Office of the Comptroller of the City of New York, on behalf of the Board of Education Retirement System of the City of New York (BERS), to send my monthly pension and/or Tax Deferred Annuity benefits via Electronic Fund Transfer (EFT) to the bank (designated on page 3) for deposit in my account. I understand that EFT may be made to my accounts whether individual or joint.

If, through an error, an overpayment is credited to my account, I hereby authorize the bank to adjust my account by a deduction equal to the amount of the overpayment and if, in that event, the balance of my bank account is insufficient, I, my joint account holder, my heirs and my estate hereby assume full responsibility upon demand to reimburse BERS to the extent of such overpayment.

This authorization will remain in full force and effect until I have canceled it in writing.

I understand that I must give the Office of the Comptroller and BERS a reasonable period of time to act on this authorization or its cancellation.

**The bank you name must be a member of the Automated Clearinghouse (ask your bank manager about this).*

DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY

Signature REQUIRED _____

Date _____

Joint Signature: _____

State of _____ County of _____

On this _____ day of _____ in the year 20 _____

personally appeared before me the said _____

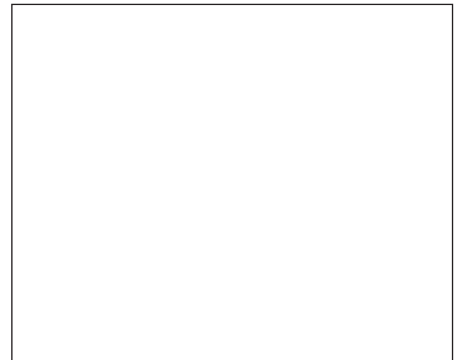
to me known to be the individual described in and who execute the

foregoing document, and he (she) duly acknowledged to me that he

(she) executed the same, and the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds

Affix official seal in the box below



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IMPORTANT: Please enter your banking information below.

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Please attach either a voided check or a savings deposit slip.

- If you choose to have EFT deposits made to your checking account, attach to this authorization form one of your personal checks with the word "VOID" written by you in large letters across the check's face. **DO NOT SIGN THE CHECK.**
- If you choose to have deposits made to your savings account, attach to this authorization form a deposit slip bearing your savings account number.

COMPLETE THIS SECTION FOR ELECTRONIC FUNDS TRANSFER

Exact Name of Financial Institution	Type of Account
<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Name of Account Holder

Transit Routing/ABA Number <small>Must be 9 Numbers</small>	Account Number
<input type="text"/>	<input type="text"/>

- I hereby authorize the Board of Education Retirement System to electronically transfer these funds to my account.
- I understand that any incorrect information provided will affect the transfer of my funds.

Retiree's Initials
REQUIRED _____

RETIREEES EFT AUTHORIZATION

