Public Employees' Retirement System of Nevada
693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5820 S. Eastern Ave. Suite 220, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934
7455 W. Washington Ave., Suite 150, Las Vegas, NV 89128 (702) 486-3900 Fax (702) 304-0697
Toll Free 1-866-473-7768 Website www.nvpers.org

Electronic Funds Transfer (EFT) Authorization

Please print or type in black ink.

Your Name:_____

Social Security Number:_____ **Phone**: (_____)_____

Please select ALL ACCOUNTS to which these EFT instructions are to be applied:

☐ **Your Retirement Benefit** ☐ **Beneficiary/Survivor Benefit** ☐ **Alternate Payee Benefit**

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EFT Process: In the **first month** you authorize direct deposit to the account listed below, a test will be performed to verify that your bank routing number and account number are listed correctly in our system. This test is called pre-note processing. **During the pre-note month your check will not be deposited into your bank account. Instead, it will be mailed to your address listed in our system.** It is your bank's responsibility to notify PERS if an error is discovered during the pre-note process. After a successful pre-note process, all subsequent checks will be transferred electronically into your designated account on the fourth working day prior to the end of each month with an Electronic Funds Transfer Notice mailed to your home. This notice will reflect your check stub information and the date of the deposit.

In order for us to set up your EFT by the pre-note effective date below, it is important that the following information be complete and correct. **Please contact your bank if you need assistance.**

All properly completed EFT authorizations submitted to our office by the 14th of the month will undergo the pre-note process at the end of that month or a future month as indicated by you.

Pre-Note Effective Month _____/_____
Month Year

Name of My Bank _____

Bank Mailing Address _____
Street City Zip Code

Bank Phone Number (_____)_____

Bank Routing Number _____ (9 Digit Number)

Bank Account Number _____ Checking ☐ Savings ☐
(Choose only one)

I authorize the Public Employees Retirement System of Nevada (PERS) to start an EFT of my monthly retirement benefit to the account listed above. I also authorize my bank named above to credit the deposit amount to the designated account. If any deposits are made in error, I authorize and direct my bank on my behalf and, on behalf of my executors or administrators, to return such deposits to PERS. **I understand that PERS cannot send a direct deposit to a trust account or any account which does not have my name on it.**

_____
Your Signature Date

_____
Signature of Joint Account Holder (Required For All Joint Accounts) Date

Return completed form to the Public Employees' Retirement System, 693 W. Nye Lane, Carson City, Nevada 89703