Public Employees' Retirement System of Nevada
693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5740 S. Eastern Avenue, Suite 120, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934
Toll free 1-866-473-7768 Website: www.nvpers.org Email: nvpers@nvpers.org

Electronic Funds Transfer (EFT) Authorization

Please print in blue or 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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All properly completed EFT forms must be received by our office by the **14th of the month** to allow for processing. Contact your bank if you need assistance with the completion of this form.

EFT Process: In the first month you start direct deposit or change your bank information, PERS will attempt to verify your direct deposit instructions by submitting a test "prenote" file to your bank. If no corrections are reported, the direct deposit will start on the date you indicate below. Otherwise, a paper check will be sent to your home address on file.

Start Date _____/_____ **(A paper check may be mailed to you for this 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 have read and understand the EFT process listed above. I authorize the Public Employees' Retirement System of Nevada (PERS) to send an EFT of my monthly retirement benefit to the account number I have provided. I also authorize my bank 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