



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

Your Name _____

Last Four Digits of SSN: _____ Phone: (____) _____

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

- Your Retirement Benefit, Beneficiary/Survivor Benefit, Alternate Payee Benefit

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