



**Departmental Use Only**

Receipt Date

Registration Date

**FISCAL SERVICES DIVISION -  
ELECTRONIC FUND TRANSFER (EFT CREDIT) AUTHORIZATION AGREEMENT**

Please check **all appropriate boxes:**

- New EFT Credit Participant
- Change Bank Account/Information
- Change Contact Name and/or Telephone Number

**SECTION I: BUSINESS PARTNER INFORMATION**

**INSTRUCTIONS:**

- The CalPERS ID is the same identification code used in my|CalPERS.
- If you are paying for more than one business partner, a separate Electronic Fund Transfer Authorization Agreement form must be submitted for each business partner.
- Please provide the name and phone number of an EFT contact person that is able to answer payment questions.

CalPERS ID	
Business Partner Name	Phone Number ( )
Mailing Address (Number, Street, Box Number)	
Mailing Address (City, State, Zip)	
EFT Contact Person	Phone Number ( )

**SECTION II: BANK INFORMATION**

**INSTRUCTIONS:**

You may return your completed form by mail or via fax. **Please send us a voided check** with your completed Enrollment Authorization Form **or** a copy of a blank check marked void if you use a fax. Your check will provide verification of your bank account and routing transit numbers.

Bank Name		
Bank Address		
Bank Account Number	Routing Transit Number	
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (Explain)		
Signature	Title	Date

Use the **sample check** below to locate the bank account and routing touting transit numbers.

ABC Business 9252 Park Avenue Any town, CA	1234	I. <b>Routing Transit Number</b> (requires 9 digits)  II. <b>Bank Account Number</b> (not to exceed 17 digits)  III. <b>Check Number</b>
Pay to the order of _____	\$ XXXX	
Any Bank U.S.A. Memo _____	Dollars	
Not Negotiable		
I : 133404567 II : 1234561304 III : 1234		

When you have returned your completed authorization form we will provide file specifications for your financial institution.

Return to: **California Public Employees' Retirement System**  
 Fiscal Services Division – Cashier Unit  
 P.O. BOX 942703  
 Sacramento, CA 94229 – 2703

Or return by **fax** to: (916) 795-7901

For assistance, call (916) 795-0768