

TEACHERS' RETIREMENT BOARD 165 Capitol Avenue Hartford CT 06106-1673 1 (800) 504 – 1102 Trb.benefits@ct.gov

# **ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION**

- I authorize the CTRB to initiate the electronic deposit of my monthly recurring benefits into my personal account at a financial institution that is a participating member of the National Clearing House Association (NACHA). I understand that this bank account must be a personal bank account and not a business, trust, or other form of account.
- I also understand that by electing an electronic deposit of my benefit I will get a statement from the CTRB only when my monthly net benefit changes, rather than a monthly statement. The statement will denote the change including but not limited to changes in tax deductions or health insurance premiums thereby enabling me to account for all benefit activity.
- This authorization applies to all monthly payments by the CTRB including retirement benefits, survivorship benefits, and disability allowances. In the event of my death, I authorize my estate to reimburse CTRB for any amounts which I was not entitled to receive, and which were deposited following my death.

Benefit Recipient's First Name	Benefit Recipient's Last Name				Social Security Number	
Note: Health Plan Parti	icipants – A physical a	addre	s is require	d if provid	ding a PO Box	
Address Line 1		Address Line 2				
City			State		Home Phone	
Physical Address Line 1		Physical Address Line 2				
City		State		Zip	Email Address	
Monthly Benefit Recipient's Signature			Date Signed			
MUST BE A PERSONAL BANK ACCOUNT OF THE I (CONSERVATOR OR POA); ATTACH A VOIDED CHECK WHICH INCLUDES THE B HAVE THE FII Financial Institution must be a particip	MAY NOT BE A BUSIN ANK NAME, ACCOUNT NANCIAL INSTITUTION	ESS, TR HOLD COMI	UST, OR OTH ERS' NAME, PLETE THE FC	HER FORM ROUTING DLLOWING	OF ACCOUNT. NUMBER, AND ACCOUNT NUMBER OR :	
Routing Transit Number (Not to exceed 9 digits)	 				ot to exceed 17 digits)	
Account Holder ( <i>must be or include Monthly Benefit Recipient's name</i> )		) Bank Account Type (select one):				
Name of Financial Institution			Checking			
Street Address			Savings			

1

Routing Transit Number (Not to exceed 9 digits)		Bank Account Number (Not to exceed 17 digits)				
Account Holder (must be or include Monthly Benefit Recipient's name)			Bank Account Type (select one): Checking Savings			
Name of Financial Institution						
Street Address						
City	State	Zip	Phone			
Signature of Bank Representative			Date Signed			
I hereby certify that I am no longer a Connecticut resident. Please cancel my CT withholding.						
Check this box and sign under Monthly Benefit Recipient's signature above to decline EFT; CTRB will mail a paper check to the						
address on our records.						
CTRB must receive the completed form by the 1st of the month in order for the EFT to be effective at the end of the month. (Benefits for the month are issued on the last business day of that month.) <b>Please submit form to</b> :						

165 Capitol Avenue Hartford, CT 06106 You may also Fax to: (860) 525-6018

1



TEACHERS' RETIREMENT BOARD 165 Capitol Avenue Hartford CT 06106-1673 1 (800) 504 – 1102 Trb.benefits@ct.gov

# **Electronic Funds Transfer (EFT)**

## What is it?

Electronic Funds Transfer (EFT) is a system which electronically deposits your net benefit payment into your personal checking or statement savings account.

## Why should I participate?

EFT enables the Monthly Benefit Recipients to receive their benefit payment on the last business day of each month. Because the payment is electronically deposited in your account, this eliminates the need to make a deposit in person. EFT also safeguards against theft, loss, misdirected mail, and forgery.

#### Where can you deposit my benefit?

An EFT deposit can be made to your personal checking or statement savings account. Your bank must be a participating member of the National Automated Clearing House Association (NACHA). Most banks, savings and loan associations and credit unions participate.

## What will be deposited?

Your net benefit payment will be deposited. Your gross benefit, deductions and any cost of living increases will be calculated exactly the same way.

#### How do I enroll for EFT deposits?

Simply fill out the upper portion of the Electronic Funds Transfer (EFT) Authorization and attach a voided check or fill out the upper portion of the form and then forward the form to an officer of your bank for completion. This completed form must then be submitted to the Teachers' Retirement Board for processing.

#### How long does it take to get EFT started?

If we receive the completed EFT form by the first of the month, your EFT payment will begin at the end of the month.

# What happens if I change banks?

A new EFT form must be submitted.

#### What happens if I change my account with the same bank?

You must provide CTRB with your new account number by completing the Electronic Funds Transfer Authorization form by the first of the month. The EFT deposit will be made to the new bank account at the end of month.

#### Will I receive any type of notice from TRB of the EFT deposit?

You will receive a statement from this office when your EFT is initiated. You will also receive a statement when there is a financial change on your account (i.e.: taxes, cost-of-living adjustment). A statement will not be issued, however, for non-financial changes such as a bank and/or bank account number change.

#### Will I continue to receive correspondence, newsletters, and tax information if I sign up for EFT?

Yes. All mailings will be issued to your home address on our records. As always, it is important that you keep us informed of any changes to your home address in writing.