



Illinois Municipal Retirement Fund

Suite 500 2211 York Road Oak Brook, IL 60523-2337

Service Representatives 1-800-ASK-IMRF

www.imrf.org

GENERAL MEMORANDUM

Number: 489

Date: April 9, 2002

To: Authorized Agents

Subject: Electronic Funds Transfer (EFT) system available July 1, 2002, for June payments to IMRF

If you are not the individual responsible for making payments to IMRF, please forward this announcement to the person who does.

Beginning July 1, 2002, payments to IMRF can be made electronically with our new EFT system. IMRF is working with third-party vendor GovONE Solutions in developing our EFT payment system. GovOne has a proven track-record of providing secure, reliable, and cost-effective payment solutions for government agencies and other public pension systems.

All IMRF payment types will be accepted by the EFT system. To use IMRF's new EFT system, you simply need a telephone. While you must still send the required monthly wage documents to IMRF, several advantages are gained by paying with the new EFT system:

1. **User-friendly and easy to use.** The EFT system is available 24 hours a day and can be accessed from anywhere by telephone. The system will guide you through the process.
2. **Free of charge.** To access the EFT System is toll-free and all charges are paid by IMRF. No more need to issue checks.
3. **Controlled by you.** A payment is initiated only after your completed call into the system. This offers both timeliness and full cash flow control.
4. **Secure.** GovONE's technology provides you with secure payment transactions. Payments made on the IMRF GovOne system can be sent *only* to IMRF.

Enclosed is an EFT Enrollment Agreement that you must complete and submit to enroll in IMRF's new payment system. Please follow the instructions listed directly on the enclosed enrollment agreement and return it to:

ILLINOIS MUNICIPAL RETIREMENT FUND

2211 York Road

Suite 500

Oak Brook, IL 60523-2337

If you use multiple bank accounts to make payments to IMRF, you will need to complete a separate enrollment form for each bank account you use. You may obtain additional copies of the EFT

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Enrollment Agreement Form 3.00 from IMRF *Online* at www.imrf.org or by calling a Member Service Representative at 1-800-ASK-IMRF (1-800-275-4673).

You may enroll now. Once your account is ready for use (nearer to July 1), a confirmation letter will be mailed to you. The information will include your EFT number (assigned by IMRF), your PIN code, EFT system instructions, and a set of Frequently Asked Questions. Please direct questions concerning your enrollment to an IMRF Member Service Representative at 1-800-ASK-IMRF (1-800-275-4673). Note that EFT information is also available at IMRF *Online* (www.imrf.org).

We hope you will agree that the IMRF EFT System is an excellent alternative to the manual check and remittance process you have been accustomed to using.

Sincerely,

A handwritten signature in black ink, appearing to read "Louis W. Kosiba". The signature is fluid and cursive, with a large initial "L" and "W".

Louis W. Kosiba
Executive Director

enc. (1) EFT Enrollment Form



IMRF ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

IMRF Form 3.00 (3/2002)

IF YOU MAKE PAYMENTS TO IMRF USING MORE THAN ONE BANK ACCOUNT, COMPLETE A SEPARATE FORM 3.00 FOR EACH ACCOUNT.

Add New Account

Notice of Account Change

Delete Account

If your account is a new account, continue to the area below and complete the requested information:

EFT Number (7)
(Provide only if changing or deleting an account)

0

SEE BACK OF FORM FOR INSTRUCTIONS. PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

IMRF Employer Number (5)

Employer Name (25)

Contact Name (24)

Address (24)

City (17) State

Zip Code (5 or 9) -

Phone Number - -

ABA/Routing Transit #

Checking

Savings

Bank Account #

NOTE: PLEASE TAPE A VOIDED CHECK TO THE BACKSIDE OF THIS FORM.

The Illinois Municipal Retirement Fund (IMRF) is hereby authorized to present debit entries which the employer, through its Authorized Agent, originates to the bank account identified above and the bank is authorized to debit such account for the EFT payment(s) made. This authority is to remain in full force until EFT payments are no longer offered or upon 30 days notice by either the IMRF or the employer to terminate the employer's participation in the EFT program. The employer's participation in the EFT program is subject to the rules and regulations issued by the IMRF. The person who executes this form on behalf of the employer represents to IMRF that he or she is authorized to enroll the employer in this EFT program.

Signature of Authorized Agent

Date

Please make a copy of this form for your records. Return the completed document to: Illinois Municipal Retirement Fund, Suite 500, 2211 York Road, Oak Brook, IL 60523-2337. Questions? Call 1-800-ASK-IMRF (1-800-275-4673). Thank you.

DO NOT COMPLETE THIS SECTION (FOR INTERNAL USE ONLY)

LEVEL I #

Level II #

Location Number (7)
+ Check Digit

7 digit Employer ID (Disc Data B)

PIN (Disc Data G) Y 0 0 0 0 (NEW ACCOUNTS ONLY)

Date Recd:

Exception:

Entered:

Verified:



IMRF ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

IMRF Form 3.00 (3/2002)

INSTRUCTIONS

PLEASE TAPE YOUR VOIDED CHECK WITHIN THIS AREA OF THE FORM (NO STAPLES PLEASE).

This agreement is to be used for first time enrollments as well as for modifications to your agreement. You must check one of the three boxes that apply.

Definition of Terms

- ADD NEW ACCOUNT: For all new employers registering for the first time on the EFT program. If you make payments to IMRF using more than one account, you will need to complete a separate enrollment form for each account.
- NOTICE OF CHANGE: Used when a modification must be made to the information on file, e.g. new address, different banking information, additional payment type(s), etc.
- DELETE ACCOUNT: Submitted when the employer has elected to no longer participate in the EFT program.

EMPLOYER EFT NUMBER: **Required.** This is the 7-digit Employer Number you must provide if deleting or changing your account.

EMPLOYER NAME: **Required.** Using the allowed space of 25-characters, print/type the employer's name as it should appear for the ACH presentation to the financial institution and to Illinois Municipal Retirement Fund.

ABA/ROUTING TR # (9): **Required.** The 9-digit *Routing Transit Number* used to identify the financial institution where the employer maintains his/her account. *This number is the first 9-digit number in the bottom MICR line of the employer's checks.*

BANK ACCOUNT # (1-17): **Required.** The number of the employer's financial institution account used to pay the contribution. *The account number is the second number appearing in the bottom MICR line of the employer's checks. The account number should NOT include the 3-5 digit check number, also present on the bottom line of the check. We recommend verifying the correct reporting of your ABA and account numbers (with or without dashes, spaces, etc.) with your financial institution representative.*

Please check the proper designation of the employer's account to be drawn against for payment.

- CHECKING - For checking, NOW and/or share draft accounts.
- SAVINGS

Please sign and date the front of the form in the area noted. Then return the completed form to **Illinois Municipal Retirement Fund, Suite 500, 2211 York Road, Oak Brook, IL 60523-2337. Questions? Call 1-800-ASK-IMRF (1-800-275-4673). Thank you.**