



IMRF ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

IMRF Form 3.00 (5/2003)

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

Add New Account

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

Notice of Account Change

Delete Account

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

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SEE PAGE 2 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 PAGE 2 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 both pages of 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: