



IMRF ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

IMRF Form 3.00 (5/2003)

Exhibit 4G

Page 1 of 2

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 PAGE 2 OF FORM FOR INSTRUCTIONS. PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

IMRF Employer Number (5)

0	1	1	1	1
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Employer Name (25)

C	I	T	Y		O	F		A	N	Y	W	H	E	R	E												
---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Contact Name (24)

A	L	B	E	R	T		A	G	E	N	T																	
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Address (24)

1	2	3		M	A	I	N		S	T	R	E	E	T														
---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City (17)

A	N	Y	W	H	E	R	E									
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

 State

I	L
---	---

Zip Code (5 or 9)

6	0	0	0	0		-	0	0	0	0
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Phone Number

1	1	1		-	3	3		3		-	0	0	0	0
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ABA/Routing Transit # 123456789 Checking ☒ Savings ☐

Bank Account # 10112131432167

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

5/12/06

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: _____



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Page 2 of 2

INSTRUCTIONS

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

City of Anywhere 123 Main Street Anywhere, IL 60606		9676
PAY TO THE ORDER OF _____		\$ _____
		DOLLARS
Bank of Anywhere Anywhere IL 60000 Memo	Routing Number	Account Number
:123456789		: 10112131432167

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 Page 1 of the form in the area noted. Then return both pages of 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.**