

SEFA DEDUCTION AUTHORIZATION

Pensioner Information:

Name (Last Name, First Name, Middle Initial)		Social Security Number	
Street Address	City	State	Zip Code
Payroll Title / Agency and Work Location (City) at Retirement			
Date of Retirement		Retirement Number	
Phone Number	Email address		
Please choose your charity(ies) below. Enter the charity number (either 7 or 8 digits – ex. 999-00399) and total amount you want donated to that charity yearly . Find your charity on the SEFA website at www.sefanys.org . There is a minimum \$26 per year donation per charity. Please write additional charities on the back of this form if there are more than three.			
Charity Number	Total Amount (Yearly)	Name of Charity (Optional)	
<input type="checkbox"/> Optional: By checking this box, I authorize the release of my name, home mailing and/or personal email address and amount of my gift to the charity(ies) I have designated so they may acknowledge my donation.			

TO THE COMPTROLLER OF THE STATE OF NEW YORK:

Pursuant to §100-c and §410-c of the Retirement and Social Security Law, I hereby authorize you to deduct \$_____ from my monthly retirement allowance from the New York State and Local Retirement Systems to cover miscellaneous SEFA donations payable on behalf of SEFA. This authorization is given to make any changes SEFA certifies to the Retirement System as necessary in the amount of such SEFA donations. I understand that SEFA is my agent and all requests to begin, modify, or revoke deductions must be submitted through them. This authorization shall remain in effect until revoked by me by written notice through SEFA or until otherwise revoked pursuant to law.

This authorizes you to make any adjustment deductions necessary for the purpose of payment of the SEFA donations offered by SEFA. This is also your authorization to make deductions in succeeding years in the amount certified by SEFA as required for the payment of my SEFA donation.

I will notify the SEFA office of any requested changes (increase/decrease/cancellation) by mail: Statewide SEFA Council's Office, c/o United Way GCR, 1 United Way, PO Box 13865, Albany, NY 12212-3865.

Signature of Retiree

Date Signed