

# Direct Deposit Authorization



## PERSONAL DATA

Please type or use only black ink and do not highlight. Mail or fax completed form to TMRS.

Name (first, middle, last) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

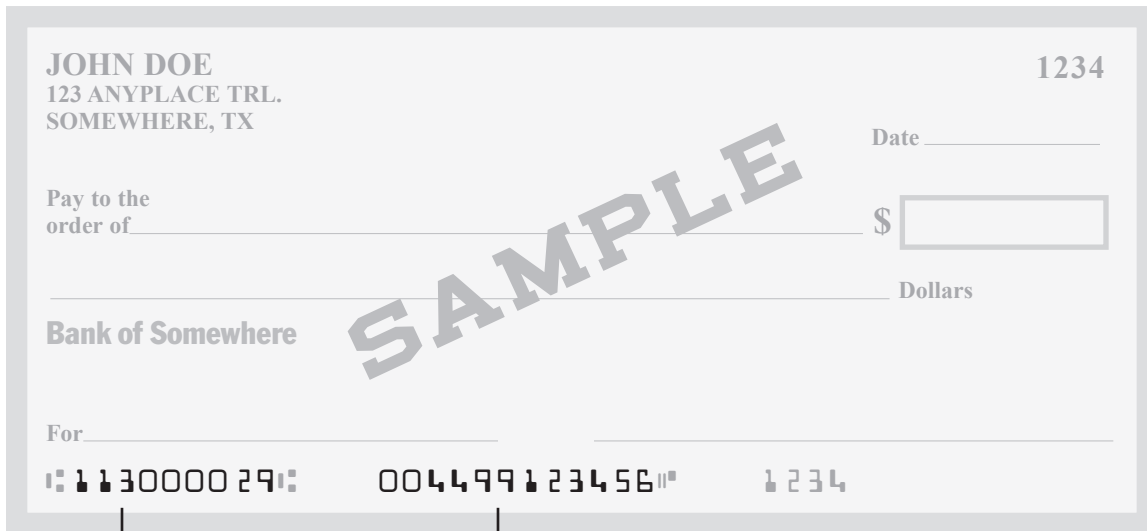
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ TMRS Identification Number (not required) \_\_\_\_\_

## FINANCIAL INSTITUTION DATA

Financial Institution Name \_\_\_\_\_ Financial Institution Phone Number \_\_\_\_\_

To ensure accuracy, please tape a voided check here **(no deposit slips)**.



Routing Number (first nine digits) \_\_\_\_\_ Payee Account Number \_\_\_\_\_

Type of Account:  Checking  Savings

## PAYEE'S AUTHORIZATION

I authorize the Texas Municipal Retirement System (TMRS) to deposit my monthly retirement benefit electronically to the financial institution and the account indicated above. I also authorize TMRS to correct any credit entries made in error.

Payee's Signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

### Important Information About Direct Deposit

- **ACCOUNT CHANGES** If you change your account or account number, you must file another direct deposit authorization.
- **FUND AVAILABILITY** Generally, your money will be deposited to your account and available by the last business day of the month.

