

Direct Deposit Authorization

NOTE: Please complete the Certification of Trust and Authorization form located on our website for direct deposit of payments to a Trust Account.



PAYEE'S PERSONAL DATA

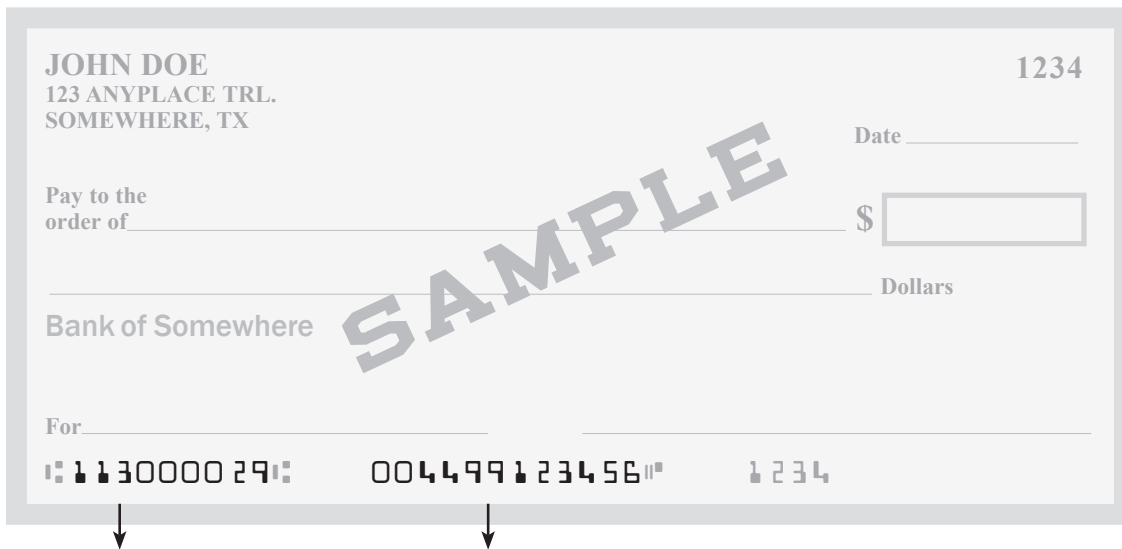
Please type or use only black ink and do not highlight. Mail or fax completed form to TMRS.

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



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.

Routing Number (first nine digits)	Payee Account Number	Individual's Name(s) on Financial Account*
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* Note: If you are not an account holder on this account, we cannot process your request for direct deposit.

Please check one.

Type of Account: Checking Savings

PAYEE'S AUTHORIZATION

I authorize the Texas Municipal Retirement System (TMRS) to deposit my TMRS retirement benefit electronically to the financial institution and the account indicated above. I authorize TMRS and the Financial Institution to correct any credit entries made in error. I hereby authorize the financial institution named above to disclose to TMRS at any time my address and contact information, and to disclose the names and address of all joint owners, signatories, beneficiaries or other persons associated with the above referenced account if I pass away. A photocopy of this signed form shall be sufficient authorization for such disclosure. Making false or misleading statements on any form submitted to TMRS is a violation of State law and has criminal and potential civil liability.

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