



# Direct Deposit Authorization

## PAYEE INFORMATION

Name (First, Middle, Last)

Social Security Number

Mailing Address

Personal Email Address

City

State

Zip

Cell Phone Number

## FINANCIAL INSTITUTION INFORMATION

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

Financial Institution Name

Financial Institution Phone Number

Name(s) on Financial Account **NOTE: If a Trust, complete Certification of Trust form on TMRS' website.**



Routing Number (first nine digits)

Payee Account Number

Type of Account (Check One):

Checking

Savings

## PAYEE AUTHORIZATION

I authorize the Texas Municipal Retirement System (TMRS) to deposit my TMRS 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 and authorize the financial institution to disclose to TMRS my address, contact information, and the names and addresses of all joint owners, signatories, beneficiaries or other persons associated with the above referenced account.

Payee Signature

Date

