

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 _____ Individual's Name(s) on Financial Account* _____

*Note: If you are not an account holder on this account, we cannot process your request for direct deposit.

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.

