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

me (first, middle, last)		Social Security Number
iling Address		Date of Birth (MM/DD/YYYY)
у	State Zip	Daytime Phone Number
nail Address		TMRS Identification Number (not required)
NANCIAL INSTITUTION DATA		
ancial Institution Name		Financial Institution Phone Number
ensure accuracy, please tape a voided	check here (no deposit slips).	
JOHN DOE 123 ANYPLACE TRL. SOMEWHERE, TX Pay to the order of Bank of Somewhere	Date \$ Do	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
For 00449	9123456# 1234 	account and available by the last business day of the month.
uting Number (first nine digits) Payee A	* Note: If you ar	me(s) on Financial Account* re not an account holder on this account, we cannot proces
Please check one.	your requ	uest for direct deposit.

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)

