TEACHER RETIREMENT PENSION 1XXX RED RIVER STREET, AUSTIN TEXAS 78701 TELEPHONE (512) 542-XXXX OR 1-800-223-XXXX

DIRECT DEPOSIT REQUEST

Name Ethel Educator Social Security No. 123-56-7890				
Address: 19	9506 Hwy 59N Suite 315	Humble	TX	77338
	Street Address or Box Number	City	State	Zip Code
Telephone No. 2	81-973-9290			
ACCOUNT INFORMATION				
Bank Routing Number				
1 1 3 1 0 0 0 1 1 Account Number: <u>12345678910</u>			Che	cking ⊠ Savings □
Precept Federal Cre	5 Humble	TX (must check one) 77338	
•	dit Union 19506 Highway 59N Suite 31 Address of Financial Institution	City	State	Zip Code
To: Teacher Retirement Pension				
You are hereby requested to deposit the monthly payments, as well as other eligible payments, payable to me by the Teacher				
Retirement Pension directly to the financial institution shown above.				
I understand that my payments will be transferred to my financial institution and credited to my account electronically, and				
the funds for monthly payments will be available to me on the last business day of each month. I understand that the first				
payment of my annuity after submission of this form <u>may</u> be a paper check mailed to my address on file and <u>may not</u> be available to me on the last business day of the month.				
I hereby reserve the right to cancel or change this request by written notice to TRP. I understand that it may take up to 45 days for the request to take effect. Additionally, I understand that if TRP is notified that my financial institution has closed my				
account, TRP will mail my payments to my address on file with TRP until it received new direct deposit instructions.				
This agreement shall not terminate upon my disability.				
I hereby authorize TRP, through the Comptroller of Public Accounts, to reverse from the designated account ot from my				
subsequent payments all amounts deposited to the account in error. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, then I agree that TRP may withhold any payments				
payable to me or, subsequent to my death, to my estate or to any beneficiary(ies) with an interest in my account by TRP until				
such amount deposited in error is repaid. I hereby authorize the financial institution to disclose information to TRP as indicated on the reverse side of this form.				
*The following declaration MUST be completed by all annuitants requesting direct deposit of benefit payments.				
Will these payments be transferred or forwarded outside of the United States? YesX No				
If yes, to what country? Percentage of monthly benefit to be transferred%				
Signature of Annuitant Date Signed				
PLEASE ATTACH A VOIDED PERSONALIZED CHECK TO THIS FORM IN THE SPACE PROVIDED BELOW. Your voided check helps TRP process payments faster and avoid errors.				
	ATTACH A VOIDED BERS	CONALIZED CHECK HE	:DE	
	ATTACH A VOIDED PERSONALIZED CHECK HERE			
PLEASE TAPE – DO NOT STAPLE				