

OKLAHOMA TEACHERS' RETIREMENT SYSTEM  
P.O BOX 53524 OKLAHOMA CITY, OKLAHOMA 73152  
405-521-2387 OR TOLL FREE 1-877-738-6365  
www.ok.gov/trs

AUTHORIZATION FOR DIRECT DEPOSIT

This document must be received, and validated as complete. Retirement benefit changes must be received by the 15th of the month to be effective for the next benefit payment. Teachers Retirement System will directly deposit your monthly benefit payment to your designated account via electronic funds transfer.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Tax Id # (SSN) or EIN or Trust #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone#

Type of Account:

Checking

Savings

*If your deposit will be made to a checking account, please tape a voided check (not a deposit slip) in this space.*

*If your deposit will be made to your savings account, please send personalized documentation from your financial Institution showing the institution's routing number and your account number.*

I do hereby appoint the aforementioned financial institution as my agent to receive, endorse and collect the recurring amount payable to me from the Teachers' Retirement System (TRS) for the purpose of making direct deposits to my account in said institution. If monies to which I am not entitled are deposited to my account, I authorize the financial institution to return said funds to TRS. By signing this form, I and each joint tenant on my account agree to allow TRS to debit the account in order to recover any funds that were deposited in error. I understand this means of recovery shall not prevent TRS from utilizing other lawful means to retrieve funds to which I or other joint tenants are not entitled. This authorization hereby revokes all prior payment instructions given to TRS and remains in full force and effect until I give TRS written notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date