Teachers Retirement Association

60 Empire Drive • Suite 400 • St. Paul, MN 55103-4000

651.296.2409 • 800.657.3669 • 651.297.5999 FAX • 800.627.3529 TTY

Submit to TRA by mail or FAX (original is not required).

Direct Deposit Agreement

A *signed* copy of the Direct Deposit Agreement is necessary to process your payments.

You are not required by law to provide addresses and Social Security numbers, but without this information we will be unable to finalize this agreement.

Please allow at least 60 days after the agreement is received in our office for your benefit payment to be electronically transferred.

If you are the recipient of more than one TRA benefit and wish to have this direct deposit designation apply to more than one TRA number, please list ALL TRA numbers below.

Account Type
☐ TRA ☐ Minneapolis ☐ Duluth ☐ All
If no box is checked, designation applies to all accounts associated with the TRA number(s) listed.

Payee (benefit recipient) information		
Last name	First	Middle
TRA number(s)	Email address	Daytime telephone number

Financial institution and account information

It is important to contact your financial institution to verify the routing number and account number prior to completing this section.

IF DESIGNATING A CHECKING ACCOUNT, SECURELY TAPE A VOIDED, BLANK CHECK TO THE BACK OF THIS FORM (DO NOT USE A DEPOSIT SLIP). AN INCORRECT BANK ACCOUNT AND/OR ROUTING NUMBER PROVIDED WILL DELAY PAYMENT. ATTACHING A VOIDED CHECK HELPS ENSURE PAYMENT GOES TO THE CORRECT ACCOUNT.

Account type ☐ **Checking** ☐ **Savings** (business and trust accounts not allowed)

Name of financial institution																
Account number																
Routing number																

Do you have a joint account? ☐ No ☐ Yes If yes, please complete the following:

1. Joint account holder name, address, Social Security number	2. Joint account holder name, address, Social Security number

Payee signature

I request that my monthly benefit payments be electronically transferred to my individual or joint account in a financial institution associated with the National Automated Clearinghouse Association, or a successor. This agreement remains in effect until cancelled by me with written notice to TRA, or upon my death or legal incapacity. I direct the financial institution to refund to the Teachers Retirement Association any money paid by it to which I was not entitled. I have notified any joint account holder(s) of the obligation to repay any overpayment to this account after my death if the overpayment is not repaid by the financial institution.

Payee signature	Date

All information must be provided to be valid.