



60 Empire Drive • Suite 400
 Saint Paul Minnesota 55103
 800 657 3669 • fax 651 297 5999

**Submit to TRA by mail or FAX (original is not required).
 Direct Deposit Agreement**

Your information			
Name			TRA Number
Address			
Phone		Email	
Are you a	<input type="checkbox"/> TRA Member <input type="checkbox"/> Beneficiary or optional joint annuitant (OJA) of a member		

Section 1. Your accounts

The deposit request applies to the following accounts: TRA Minneapolis Duluth **All plans** (default)
If no box is checked, the request applies to all accounts.

Section 2. Financial institution and account information

It is important to provide the correct bank routing number and account number to prevent delays. Contact your bank if you are unsure, or attach a voided, blank check or deposit slip to this form. **Allow up to 60 days for processing.**

Bank													
Type of account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings (business accounts not allowed)												
Account number													
Routing number	:										:		
Is this a joint account?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information for all other names on the account												
	Joint account holder's Name												
	Address												
	Social Security number												
	Joint account holder's Name												
	Address												
Social Security number													

Section 3. Your signature

You must sign this form for it to be valid. **Allow up to 60 days for processing.**
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 Clearing House Association. This agreement remains in effect until I give written notice of cancellation to the Teachers Retirement Association or upon my death or legal incapacity. I have directed the financial institution to refund to TRA any money transferred in error, upon notice from TRA. I have notified any joint account holders of the obligation to repay any overpayment to this account after my death if the overpayment is not repaid by the financial institution.

	Date
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TRA-4400a

