



Direct Deposit Request

TRS278 (08-22)

PO Box 149676
Austin, Texas 78714-0185
(800) 223-8778
www.trs.texas.gov



TRS PARTICIPANT INFORMATION	
Name	TRS Participant ID or Social Security Number
Mailing Address (city, state, and ZIP code)	

NEW ACCOUNT INFORMATION - Please attach a voided check to the back of this form	
Financial Institution Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number (9 digits)	Account Number (maximum 17 digits)

INTERNATIONAL PAYMENTS VERIFICATION - Required	
Will these payments be forwarded to a financial institution outside the United States?..... "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation on page 2.	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENT AND AUTHORIZATION - Required	
<p>I authorize the state agency that issues my state of Texas payments via the Texas Comptroller of Public Accounts to electronically deposit my payments to my financial institution. I understand that any payments deposited in error to my account will be reversed by the agency that issues my state of Texas payments via the Texas Comptroller of Public Accounts.</p> <p>I further understand that the agency that issues my state of Texas payments and the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. <i>(For further information on these rules, please contact your financial institution.)</i></p>	
Signature	Date

ACH (Direct Deposit) Payment Destination Confirmation - Required

Place a check mark (✓) on the appropriate selection below to indicate your response.

I attest, under penalty of perjury, that the ACH payment(s) to be issued by the state of Texas and sent to my domestic financial institution and account listed on page 1:

- (a) ☐ **WILL** be forwarded in its entirety (100%) to a country outside the United States.
Specify the name of the country where 100% of payment(s) will be forwarded: _____
- (b) ☐ **WILL** be forwarded, but less than 100%, to a country outside the United States.
- (c) ☐ **WILL NOT** be forwarded to a country outside the United States.

I have read and understand the statements above and will notify the state agency that issues my state of Texas payments of any change to the intended final destination of these payments.

Signature

Date

Additional Information

TRS through the Texas Comptroller of Public Accounts has the ability to electronically deposit an annuitant's monthly benefit and certain other payments to an authorized financial institution. In order for TRS to deposit the annuitant's payments into a financial institution, the annuitant must sign the TRS 278 Direct Deposit Request form.

Payments may only be deposited to an account in which the TRS participant has an interest.

Any change to your direct deposit will apply to all eligible payments issued by TRS.

TRS recommends attaching a voided check in the space below. Please use tape. Do not staple or paper clip.



Information Sheet for Direct Deposit Request

TRS 278IN (09-16)

www.trs.texas.gov
PO Box 149676
Austin, Texas 78714-0185
(800) 223-8778

ANNUITANT INFORMATION

The annuitant's name, social security number, mailing address, home telephone number, and work telephone number, if any, should be typed or printed in the appropriate lines.

ACCOUNT HOLDER AGREEMENT

After reading the conditions of the depository agreement, the annuitant, annuitant's attorney-in-fact, or guardian of the annuitant's estate must sign and date the form. If the attorney-in-fact signs the form on behalf of the annuitant, the power of attorney document must be attached to the form. If a guardian signs the form on behalf of the annuitant, the Order and Letters of Guardianship or other legal document must be attached to the form. If you have already provided these legal documents and TRS has accepted them, you do not need to provide an additional copy with this form.

The monthly benefit may only be deposited in an account in which the annuitant has an interest. The routing number should reflect the number for electronic transfers, which may be different from the routing number for the branch bank at which the account is held. The annuitant, by signing this form, authorizes the financial institution to communicate and disclose relevant information to TRS concerning the parties who have an interest in this account and to recover erroneous payments from the account holders. By signing this form, the annuitant represents that the financial institution agrees to accept the electronic transfer from TRS on behalf of the annuitant and verifies that the annuitant is an individual having an interest in the account in which the TRS payments will be deposited.

TERMINATION OF DIRECT DEPOSIT AGREEMENT

This direct deposit agreement shall remain in effect until terminated by:

- cancellation by the annuitant, attorney-in-fact, or guardian by written notice to TRS that gives TRS a reasonable opportunity to act upon such notice; or
- written notice from TRS to the annuitant indicating TRS's termination of the agreement; or
- the closing of the account by the annuitant or authorized legal representative.

A monthly annuity is payable to a TRS annuitant through the month in which the person dies. TRS is authorized by law to send a final monthly payment of an annuity to a financial institution.