



Automatic Payment Authorization

TRS515 (02-19)

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



Name _____ TRS Participant ID or
Social Security Number _____

Agency Name and Number Teacher Retirement System of Texas 323

Authorization

I (we) hereby authorize the Teacher Retirement System of Texas (TRS) to initiate debit entries to my (our) account with the financial institution indicated below for \$ _____ per month, effective _____. The financial institution named below (Financial Institution) is hereby authorized to debit the same to such account.

Financial Institution's Name _____ Branch _____

City _____ State _____ Zip _____

Financial Institution's Transit/ABA Number _____

Account Number _____ Type of Account: Checking ☐ Savings ☐

This authority may be terminated upon thirty days' written notification of its termination from me (or either of us) to TRS. A customer has the right to stop payment of a debit entry by notification to Financial Institution prior to charging account. If an erroneous debit entry is initiated by TRS to a customer's account, customer shall have the right to have the amount of such entry credited to such account by Financial Institution, if, within fifteen calendar days following the date on which Financial Institution sent to customer a statement of account or a written notice pertaining to such entry, the customer shall have sent to Financial Institution a written notice identifying such entry, stating that such entry was in error and requesting Financial Institution to credit the amount thereof to such account.

Signature(s) _____ Date _____

_____ Date _____

Phone Numbers: Work _____ Home _____

IMPORTANT - ATTACH A VOIDED CHECK OR DEPOSIT SLIP OF ACCOUNT TO BE DEBITED.