TEACHER RETIREMENT SYSTEM
PAYOR INFORMATION FORM

New ☐
Change ☐ effective with next payment due ____ /____ / ____

PAYOR NAME: _____

ADDRESS: _____

_____

TRS REPORTING DISTRICT# _____

CATEGORY OF PAYMENT: Teacher Retirement Contributions

PRIMARY CONTACT: _____

TITLE: _____

PHONE #: (_____) _____ext. _____ FAX: _____

BANK NAME: _____

CITY/STATE: _____

TRANSIT/ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

I hereby authorize the Texas Comptroller of Public Accounts to initiate ACH Debit entries to the financial institution account indicated above for payments owed to the state of Texas. Amounts shall correspond to payment information entered into the TEXNET System for the applicable period. This authorization is to remain in full force and effect until the Comptroller receives written notification from me of termination and has a reasonable opportunity to act on it.

Name: _____

Signature: _____

Date: _____

PLEASE COMPLETE AND RETURN THIS FORM TO:
COMPTROLLER OF PUBLIC ACCOUNTS
CASH MANAGEMENT PROGRAMS
P.O.BOX 12608
AUSTIN, TX 78711
PHONE: 1-800-531-5441, EXTENSION 33010 OR FAX: (512) 463-1364