GRE-54 (5/18)

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395
Fax: (518) 447-4749

OFFICE SERVICES ONLY

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

☐ *Check this box if <u>any</u> of the following apply: the direct deposit will go to a foreign bank; or, the entire amount is forwarded from a domestic bank to a foreign bank.*

☐ Check this box if you are depositing your monthly benefit to an account titled to a trust that specifically meets the requirements detailed in *Instructions for Direct Deposit to Trust* (LEG-2) at NYSTRS.org. <u>All</u> required additional documentation must be received by the System to process your direct deposit.

Please complete the information requested below and make a copy of this form for your records.

EmpID

Social Security Number ___ – ___ – ____

First Name

MI

Last Name

Mailing Address - Line 1

Mailing Address - Line 2 ***(if needed)***

City

State

Zip Code ____ – ____

Phone Number (___) ___ – ____

If this is a change of address, please give effective date: ___ / ___ / ____
Month **Day** **Year**

Please indicate the type(s) of payments you are receiving from this system:

☐ Retiree ☐ Beneficiary of a retiree ☐ Alternate payee under a Domestic Relations Order

The following bank information is or will be used to transmit your retirement payments directly to your bank account. The bank ABA/Routing Number is the first 9 digits on the bottom of your check. If you have any questions regarding your ABA/Routing Number or account number, contact your financial institution. Amounts paid to an account holder to which he/she is not entitled must be returned to NYSTRS. Liability shall be limited as prescribed in the National Automated Clearing House Association (NACHA) rules and regulations, which facilitates batch processing within the U.S. to domestic U.S. financial institutions. NYSTRS will not transfer funds into international accounts across national borders.

BANK NAME

BANK PHONE NUMBER (___) ___ – ____

BANK ABA/ROUTING NUMBER (9 digits)

ACCOUNT NUMBER

NAME ON ACCOUNT

ACCOUNT TYPE *(Please check one)* **CHECKING** ☐ **SAVINGS** ☐ **Note:** Deposits can be made to money market accounts.

I authorize NYSTRS to automatically deposit any benefit payable to me in the foregoing account, or in any future account hereafter communicated by me to NYSTRS in writing, which future account(s) shall be subject to the terms of this *Direct Deposit Authorization Agreement*. I understand that I may cancel this authorization by submitting written notification to NYSTRS.

I agree NYSTRS shall have no liability or responsibility for loss occasioned by erroneous information supplied by myself or my duly authorized representative. I expressly acknowledge and understand any payments made pursuant to this request will be strictly an accommodation made to me by NYSTRS. NYSTRS reserves the right to discontinue or decline to honor this EFT request without prior notice. I hereby authorize and direct the financial institution, on my behalf, my joint account holder or my trustee, if any, or my estate to charge my account for amounts paid to which I was not entitled. I also agree, on behalf of myself, my joint account holder or trustee, if any, and my estate that such amounts will be returned to NYSTRS.

SIGNATURE

Month **Day** **Year** ___ / ___ / ____