

# Direct Deposit Authorization

## Tennessee Consolidated Retirement System

502 Deaderick Street  
Nashville, Tennessee 37243-0201  
1-800-770-8277 ♦ <http://tcrs/tn.gov>



Direct deposit is the most efficient and safest method of receiving your monthly retirement benefit. Complete this form to sign up or change your direct deposit. Your monthly benefit will be deposited into your account on the last business day of each month. Please select one of the following options:

- New Enrollment       Change of Account and/or Financial Institution

### SECTION 1. MEMBER INFORMATION

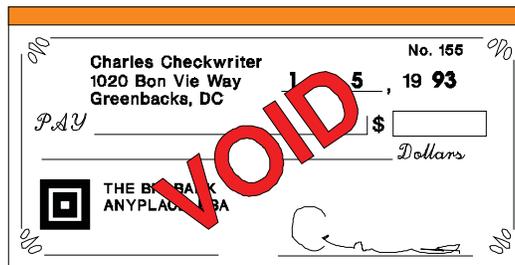
Member ID	Last 4 SSN XXX-XX-	Date of Birth
Full Name		
Mailing Address		
City	State	Zip Code
Email	Phone Number	

### SECTION 2. PRIMARY ACCOUNT INFORMATION

Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Financial Institution
Routing Number	Account Number	
Amount:	<input type="checkbox"/> All - If you choose this option, all of your monthly pension will go to this account.	<b>OR</b> <input type="checkbox"/> You may enter a percent or flat amount of your monthly pension to go to this account. _____ % or \$ _____

*NOTE: If only one account is specified, all funds will go to the primary account regardless of the percentage or amount elected. To divide the payment into proportions, you must specify other accounts in the Sections 3 and 4.*

If you want your benefit directly deposited into a checking account, tape a voided, preprinted check in this box. You may cover the text with the voided check.



I authorize and request the Tennessee Consolidated Retirement System (TCRS) to directly deposit the net amount of my monthly retirement benefit to the account at the financial institution designated above. This designation is to remain in effect until TCRS has received notification in writing from me of its termination in such time and manner as to afford TCRS a reasonable opportunity to act on it. In the event funds to which I am not entitled are deposited to my account(s), I hereby authorize the State of Tennessee to direct the bank to return said funds.

*NOTE: If you would like your benefit to be deposited into only one primary account, please complete only Section 2. If you would like your benefit to be deposited into multiple accounts, please complete Sections 3 and 4.*

Member's Signature	Date
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