

**TEACHERS' RETIREMENT SYSTEM
AUTHORIZATION FOR DIRECT DEPOSIT/QDRO**

SECTION I – To be completed by the Alternate Payee

Name _____ **Social Security Number** _____

Mailing Address _____

Type & Number of Depositor Account to be Credited

___ **Checking Account** ___ **Savings Account** _____
Depositor Account Number

I, _____, authorize TRS to deposit the amount awarded pursuant to the Qualified Domestic Relations Order to Divide Teachers' Retirement System Benefits entered by the _____ Circuit Court on _____, ____, 20__ to my account indicated at the financial institution designated in Section II.

Signature of Alternate Payee

SECTION II – To be completed by your Financial Institution

We, the below designated financial institution, hereby agree to receive and accept full responsibility for depositing monthly deposits to the account number shown for the above named recipient. We understand that in the event of the death of the above named recipient, we are to notify the Teachers' Retirement System.

____ - ____ - ____ _____ _____
Routing Number **Check Digit** **Depositor Account Title**

Name & Address of Financial Institution _____

Telephone Number _____

Type & Number of Depositor Account to be Credited

___ **Checking Account** ___ **Savings Account** _____
Depositor Account Number for EFT

Name of Financial Institution Officer _____
Date

Title _____
Signature of Financial Institution Officer