



# St. Paul Teachers' Retirement Fund Association

2550 University Avenue W, Suite 312N Saint Paul, MN 55114 Phone  
(651) 642-2550 Fax (651) 642-2553 Website: www.sptrfa.org

## Direct Deposit Authorization

I hereby authorize the St. Paul Teachers' Retirement Fund Association (SPTRFA) to deposit my monthly retirement benefit payment to my account as indicated below:

**Financial Institution Name:** \_\_\_\_\_

### CHECKING ACCOUNT

**Tape a blank voided check here.**

To process this request we must have a blank voided check to verify your bank transit routing and account number.

I also authorize SPTRFA, if necessary, to make adjustments to the above account to correct any credit entries made in error. I understand that SPTRFA will make a reasonable effort to notify me within 48 hours when an adjustment is made.

I understand that if I wish to change financial institutions or account numbers, I must complete a new Direct Deposit Authorization.

Note: Direct deposit is not available in foreign countries.

**(PLEASE PRINT)**

Last Name	First Name	Middle Initial
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>

**SOCIAL SECURITY NUMBER:**      X X X - X X -

Date \_\_\_\_\_

Signature \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number (        ) \_\_\_\_\_ - \_\_\_\_\_

If this form is received by the 20<sup>th</sup> of the month, your direct deposit request will take effect at the beginning of the following month.

If your form is received after the 20<sup>th</sup>, your direct deposit request may be delayed one month.