



FAX Cover Sheet for ACH Contributions

Date: _____

Number of pages sent: _____ *(including cover sheet)*

TO: TMRS Accounting Department

FAX TO: 512.476.5576

City Name: _____

City Number: _____

Report for the Month of: _____
(Be sure to include your signed TMRS-3 report with this fax transmittal)

Date ACH was created/ submitted: _____

ACH effective date: _____

Total Remittance Submitted: \$ _____

Comments: _____
