



60 Empire Drive • Suite 400  
 Saint Paul Minnesota 55103  
 800 657 3669 • fax 651 297 5999

### Direct Deposit Agreement

Submit to TRA by mail or FAX (original is not required).

Your information			
Name			TRA Number
Address			
Phone		Email	
Are you a	<input type="checkbox"/> TRA Member <input type="checkbox"/> Beneficiary or optional joint annuitant (OJA) of a member		

**Section 1. Your accounts**

The deposit request applies to the following accounts:     TRA     Minneapolis     Duluth     All plans (default)  
*If no box is checked, the request applies to all accounts.*

**Section 2. Financial institution and account information**

It is important to provide the correct bank routing number and account number to prevent delays. Contact your bank if you are unsure. **Allow up to 60 days for processing.**

Bank														
Type of account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings (business accounts not allowed)													
Account number														
Routing number	:										:			

Is this a joint account?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide the following information for all other names on the account												
	Joint account holder's Name												
	Address												
	Social Security number												
	Joint account holder's Name												
	Address												
	Social Security number												

**Section 3. Your signature**

You must sign this form for it to be valid. **Allow up to 60 days for processing.**  
*I request that my monthly benefit payments be electronically transferred to my individual or joint account in a financial institution associated with the National Automated Clearing House Association. This agreement remains in effect until I give written notice of cancellation to the Teachers Retirement Association or upon my death or legal incapacity. I have directed the financial institution to refund to TRA any money transferred in error, upon notice from TRA. I have notified any joint account holders of the obligation to repay any overpayment to this account after my death if the overpayment is not repaid by the financial institution.*

	Date
--	------

TRA-4400a

