GRE-54 (4/23)

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395
Fax: (518) 447-4749

OFFICE SERVICES ONLY

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Complete the information requested below and make a copy of this form for your records. If you are signing as a benefit recipient's Guardian or agent under a Power of Attorney, or need assistance completing this form, refer to the *Direct Deposit Authorization Fact Sheet* (GRE-54.1) on our website at NYSTRS.org.

☐ *Check this box if the direct deposit will go to a foreign bank or the entire amount will be forwarded from a domestic bank to a foreign bank.*

EmplID

Social Security Number – –

Last Six Digits of the Account Currently on File

(Place XXXXXX in the boxes for a guardianship account or if you don't currently direct deposit your benefit.)

Please indicate the type(s) of payments you wish to update with this form:

☐ Retiree ☐ Beneficiary of a retiree ☐ Alternate payee under a Domestic Relations Order

First Name **MI** **Last Name**

Mailing Address - Line 1

Mailing Address - Line 2 *(if needed)*

City **State** **Zip Code** –

Phone Number ( ) –

If this is a change of address, please give effective date: / /
Month Day Year

☐ Check this box if you are depositing your monthly benefit to an account titled to a trust that specifically meets the requirements detailed in *Instructions for Direct Deposit to Trust* (LEG-2) at NYSTRS.org. All required additional documentation must be received by the System to process your direct deposit.

The following information is used to transmit your payments directly to your bank account. The bank ABA/Routing Number is the 9 digits on the bottom of your check. If you have questions regarding your ABA/Routing Number or account number, refer to the *Direct Deposit Authorization Fact Sheet* (GRE-54.1) on our website at NYSTRS.org or contact your financial institution.

BANK NAME **BANK PHONE NUMBER** ( ) –

BANK ABA/ROUTING NUMBER (9 digits) **ACCOUNT NUMBER**

NAME ON ACCOUNT

ACCOUNT TYPE (Please check one) ☐ **CHECKING/MONEY MARKET** ☐ **SAVINGS**

I authorize NYSTRS to automatically deposit any benefit payable to me in the foregoing account, or in any future account hereafter communicated by me to NYSTRS in writing, which future account(s) shall be subject to the terms of this *Direct Deposit Authorization Agreement*. I understand that I may cancel this authorization by submitting written notification to NYSTRS.

I agree NYSTRS shall have no liability or responsibility for loss due to erroneous information supplied by myself or my duly authorized representative. I acknowledge and understand any payments made pursuant to this request will be strictly an accommodation made to me by NYSTRS. NYSTRS reserves the right to discontinue or decline to honor this EFT request without prior notice. I hereby authorize and direct the financial institution, on my behalf, my joint account holder or trustee, if any, or my estate to charge my account for amounts paid to which I was not entitled. I also agree, on behalf of myself, my joint account holder or trustee, if any, and my estate that such amounts will be returned to NYSTRS.

SIGNATURE

Month / Day / Year