



Teachers' Retirement System of the State of Illinois

2815 West Washington, P.O. Box 19253
Springfield, Illinois 62794-9253

Retirement Security for Illinois Educators

(888) 877-0890

Electronic Funds Transfer Form

Employer Number (7 digits) _____

Employer Name (please print) _____
(25- character maximum: name as it should appear for ACH presentation to your financial institution and to TRS.)

Check the appropriate box and indicate the effective date.

- Add New Account (new employer) Effective Date _____
Notice of Change (different banking information)
Delete Account (no longer a valid employer)

ABA/Routing # (9 digits) _____ [] Checking [] Savings
(Identifies the financial institution where the employer's account is maintained; can be found in the bottom MICR line of the employer's check.)

Bank Account # (17-digit maximum) _____
(Account number used to pay the remittance; typically, the second number in the bottom MICR line of the employer's check. Do not include the check number.)

Daily Debit Maximum (optional) \$____,____,____.

Teachers' Retirement System (the 'System') is hereby authorized to present debit entries, which the employer through its authorized agent originates, to the bank account identified above and the bank is authorized to debit such account for the payment(s). The employer's participation in the EFT program is mandatory and subject to the rules and regulations issued by the System, as amended from time to time. The person who executes this form on behalf of the employer represents to the System that he or she is authorized to do so.

Signature of Responsible Business Official Title Date

Please fax the completed form to the TRS Accounting Department at (217) 753-0969. Thank You.

DO NOT COMPLETE THIS SECTION (Internal Use Only)

Table with 4 columns: Level I#, Level II#, Location # & Disc Data B, PIN(Disc Data G) (For NEW Only). Rows include Member/Employer Contribution, Teachers' Health Insurance Security Fund, TRS Remittance, and THIS Fund Remittance.