



## ELECTRONIC DEPOSIT AUTHORIZATION

Use this form to designate, cancel or change your bank account information.

Form must comply with the following: ☐ Handwritten signature only ☐ Attach Blank Voided Check

Changes will be effective for the current month if received by the 10th of the month.

### MEMBER INFORMATION

Last Name	First Name	MI	Birth Date	SSN (last four)
Mailing Address		City	State	Zip Code
Home Phone Number	Cell Phone Number	Email	Member No. (Office Use)	
If you would like to add a security password to verify any changes to your account, please check the box and a staff member will contact you directly by phone. <input type="checkbox"/> Please contact me. OR <input type="checkbox"/> I have an existing password on file for verification.				

### REMOVE EXISTING ACCOUNT

Main Bank/Credit Union		Other Bank (If more than one active account)	
Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number	Account Number	Routing Number	Account Number

### NEW BANK ACCOUNT OR CHANGE ALLOCATION AMOUNT

Main Bank/Credit Union	Check one
Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> New <input type="checkbox"/> Change
Routing Number	Account Number

If adding a secondary bank account with a specific amount or percentage, your payment balance will go to your main bank.

### SECONDARY BANK ACCOUNT (Optional)

Other Bank/Credit Union	Check one:	
Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> New <input type="checkbox"/> Change	
Routing Number	Amount \$	Percentage %
	Account Number	

This form authorizes TERS to make electronic deposits to the bank or credit union account(s) listed above.

**Note:** If this form is completed by anyone other than the person identified in the Member Information section above, a copy of either the power of attorney or court ordered guardianship documents must be provided before any changes can be processed.

This authority is to remain in full force and effect until another form is completed to authorize changes.

Signature	Date
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