TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS



Level I#

2815 W Washington St | PO Box 19253 Springfield, IL 62794-9253 888-678-3675 | FAX: 217-753-0969 employers@trsil.org

Electronic Funds Transfer Form

PIN(Disc Data G) (For NEW Only)

Y0000

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Y0000

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)

Location # & Disc Data B

7 Digit Employer Number

7 Digit Employer Number

7 Digit Employer Number

7 Digit Employer Number

Level II#

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Member/Employer Contribution:

TRS Remittance:

THIS Fund Remittance:

Teachers' Health Insurance Security Fund: