

**TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

PLEASE TYPE OR CLEARLY PRINT AND SUBMIT THE ORIGINAL FORM TO THE ADDRESS AT THE BOTTOM OF THE PAGE.

1. GOVERNMENTAL ENTITY INFORMATION		
DEPARTMENT NAME		
GOVERNMENTAL ENTITY NAME		
CONTACT NAME		
ADDRESS		
CITY STATE ZIP CODE		
EMAIL ADDRESS		
PHONE NO.		
FAX NO		
2. ACCOUNT AND ROUTING NUMBERS		
TYPE OF ACCOUNT (Please circle account type)	Checking	Savings
BANK'S ROUTING NUMBER		
YOUR ACCOUNT NUMBER		
3. FINANCIAL INSTITUTION (Completion of Account and Routing by financial institution is recommended)		
FINANCIAL INSTITUTION'S NAME		
FINANCIAL INSTITUTION'S NAME CITY STATE		
REPRESENTATIVE'S NAME (PLEASE PRINT)		
FINANCIAL INSTITUTION'S PHONE NUMBER		

4. AUTHORIZATION FOR SETUP AND TO START RETIREMENT APPLICATION		
<p>I hereby authorize the Texas Emergency Services Retirement System (TESRS) to initiate ACH Debit entries to the financial institution account indicated above for payments owed to the State of Texas. TESRS will debit the account in the amount billed for contributions and other charges for participating in the TESRS. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. Law.</p> <p>This authorization is to remain in full force and effect until TESRS receives written notification from the Governmental Entity of its termination of this agreement in such time and in such manner as to afford TESRS and the Depository a reasonable amount of time to act upon it.</p>		
Governmental Entity Officer Signature	Governmental Entity Officer Printed Name	Date
X		



TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
P.O. BOX 12577 AUSTIN TEXAS 78711 (800) 919-3372 FAX (512) 936-3480
www.tesrs.texas.gov email to: info@tesrs.texas.gov
 FORM ACH 9/2013

Received at TESRS
APPLICATION DATE