

**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 |
| <b>X</b>  |  |      |



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

Received at TESRS  
APPLICATION DATE