

# Direct deposit disbursement authorization

TIAA Trust Account Name: \_\_\_\_\_

TIAA Trust Account Number: \_\_\_\_\_

TIAA Trust, N.A. ("TIAA Trust") must verify your bank account information before making any distribution to you. As part of your relationship with TIAA Trust, we will assist with the bank verification process on your behalf.

By signing this form, you acknowledge and agree that TIAA Trust will use information provided on this form to verify your ownership of the account(s) listed herein, which may include sharing this information with third parties for that purpose.

Account verification often is completed quickly. In some cases, however, we may need to verify your account using test deposits. This may take one or two business days to complete, and your assistance will be needed. You will be guided on any actions you may need to take.

Completing this form will add this account to your TIAA profile associated with any eligible TIAA account that you own.

By signing this agreement, TIAA Trust is authorized to make disbursements from the above referenced account and credit them to the account listed below via electronic direct deposit.

**Financial Institution:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Name (name of bank account owner):** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

Options: Select One    Checking     Savings

Check this box if this account is replacing an existing external account on record at TIAA

If you checked this box, please provide the bank name and last four digits of the account number being replaced:

\_\_\_\_\_

I also authorize TIAA Trust and its agents to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

This authorization will remain in effect until I give written notice to cancel it.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Filing Disposition: Original—Approval File**