



**Teachers' Retirement System of Louisiana**  
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017  
 PO Box 94123 • Baton Rouge, LA 70804-9123  
 Telephone: (225) 925-6446 • Fax: (225) 925-4779  
 Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)  
*www.TRSL.org • web.master@trsl.org*

Form 7D (12/11)

04-7D

**Form may not  
be altered**

### Direct Deposit for Refund of Contributions

**Section 1 — Recipient information**

Name: Last, first, MI, suffix (Jr., III, etc.)

Daytime telephone  
( )

Evening telephone  
( )

Mailing address

City, state, zip

Social Security number

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I authorize and request Teachers' Retirement System of Louisiana (TRSL) to direct the net amount of my refund of accumulated contributions for crediting to my account at the financial organization designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. This authorization is a one-time payment agreement.

I authorize the bank to release to TRSL, on request, my current mailing address, the names and mailing addresses, if known, of any individuals authorized to sign on my account, and the names and addresses, if known, of individuals who have power of attorney to withdraw funds from my account.

I further authorize TRSL to initiate electronic funds transfer debit transactions to retrieve payments sent in error to the account listed below.

Recipient's signature (Do not print or type)



Date signed (mm-dd-yyyy)

**Section 2 — Financial organization**

Name of financial organization

Address: Street / P.O. Box

City, state, zip

ACH routing number

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Bank account number

Checking

Savings

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**Return original or fax to Teachers' Retirement System of Louisiana**