

AUTHORIZATION FOR DIRECT DEPOSIT (311)NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE TEACHERS' FUND FOR RETIREMENT

SFN 11730 (2-2022)

DIRECT DEPOSIT IS REQUIRED

COMPLETED BY TFFR ANNUITANT/PAYEE			
Name of Annuitant/Payee			
Primary Mailing Address			
City		State	ZIP Code (9-digit)
Effective Date (Will go in	to effect with next payment unless otherwise indicated)	Primary Telephone Number	(home/cell)
Last Four Digits of Social Security Number or Person ID		Person ID (For office use only)	
ACCOUNT INFORMATION			
(US Financial Institutions Only)			
ENCLOSE A VOIDED CHECK*			
(Deposit slips will not be accepted)			
*If you do not have a voided check, enclose an account confirmation document from your financial institution.			
Indicate Account Type: Checking Savings			vings
I authorize the North Dakota Teachers' Fund for Retirement (TFFR) and the financial institution named on this form to initiate electronic fund transfer of my monthly retirement benefits to my account indicated above.			
I authorize TFFR to initiate a reversal or debit entry for all or any portion of any credit entry made in error to the designated account, including but not limited to amounts transferred after my death. If the funds remaining in the designated account are insufficient to fully reimburse TFFR for any credit entry made in error, I authorize my financial institution to release to TFFR any information in its possession regarding the manner and party responsible for any withdrawal or transfer of funds from the designated account made subsequent to the date of the credit entry made in error.			
This authorization must be received by TFFR 10 working days prior to the 1st of the month for the payment to be deposited. This authorization may be changed by completing a new Authorization for Direct Deposit.			
Signature of Annuitant/Payee			Date
State	County Signatu	re of Notary Public	Affix Notary Stamp
Signed and sworn (or affirmed) before me this	Date	ssion Expiration Date	

RETURN TO:

ND Retirement and Investment Office PO Box 7100

Bismarck ND 58507-7100

Telephone: 701-328-9885 Toll Free: 800-952-2970 701-328-9897

Fax: rio@nd.gov Email:

This form is available in an alternate format upon request