



AUTHORIZATION FOR DIRECT DEPOSIT (311)
 NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE
 TEACHERS' FUND FOR RETIREMENT
 SFN 11730 (5-12)

DIRECT DEPOSIT IS REQUIRED

COMPLETED BY TFFR ANNUITANT/PAYEE		
Name of Annuitant/Payee		
Mailing Address		
City	State	Zip Code
Person ID	Telephone Number	
Effective Date		
<p>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 below.</p> <p><input type="checkbox"/> Checking Account</p> <p><input type="checkbox"/> Savings Account</p> <p>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.</p> <p>This authorization must be received by TFFR ten (10) working days prior to the first of the month for the payment to be deposited. This authorization may be changed by completing a new Authorization for Direct Deposit.</p> <p>I agree to the terms listed on this authorization.</p>		
Signature of Annuitant/Payee	Date	

COMPLETED BY FINANCIAL INSTITUTION		
Name of Financial Institution		
Mailing Address		
City	State	Zip Code
Type of Account <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings		
Payee's Account Number		
Routing Number		
<p>We, the financial institution named on this form, agree to receive and deposit sums for the payee. We agree to notify the North Dakota Retirement and Investment Office upon becoming aware of the death of the payee.</p> <p>The payee has the right to cancel this authorization, and we reserve the right to cancel this agreement by written notice to the payee.</p>		
Signature of Financial Institution Representative		Date
Title	Telephone Number	

RETURN TO:
 ND Retirement and Investment Office
 1930 Burnt Boat Drive
 P.O. Box 7100
 Bismarck, ND 58507-7100

This form is available in an alternate format upon request.

Telephone: 701-328-9885
 Toll free: 800-952-2970
 Fax: 701-328-9897
www.nd.gov/rio