TRSL
Teachers' Retirement System of Louisiana

Direct Deposit for Refund of Contributions (Form 7D)

04-7D
rev. 04/21

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX	Form may not be altered.
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	*web.master@trsl.org*	(225) 925-4779	

Section 1 — Recipient information

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
Daytime telephone (*include area code*)	Email address
Mailing address	City, state, zip

I authorize and request TRSL to credit my account at the financial organization designated below with the net amount of my refund of accumulated contributions. This authorization is not an assignment of my right to receive payment, and it 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 authorize the financial organization designated below to release to TRSL, upon request, any and all information regarding my bank account designated below.

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 institution agreement

Name of financial organization	ACH routing number ☐☐☐☐☐☐☐☐☐
Address: street / PO box	Bank account number ☐ Checking ☐ Savings
City, state, zip	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐