



TEACHERS' RETIREMENT BOARD
 165 Capitol Avenue
 Hartford, CT 06106-1673

Toll free: 1 (800) 504-1102
 Website: www.ct.gov/trb

AUTHORIZATION AGREEMENT TO DEBIT YOUR ACCOUNT

Name: _____ Social Security Number: _____

Date of Birth: _____ Phone #: _____

TRB Retiree Member # or SSN: _____ Monthly Premium: \$ _____ Start Date: _____

I hereby authorize the Teachers Retirement Board to initiate debit entries to my account at the financial institution named below.

Bank Name: _____ Branch: _____

City: _____ State: _____

Routing # _____

Bank Account # _____

Type of Account Checking Savings

This authorization is to remain in full force and effect until the Teachers Retirement Board has received written notification from me of its termination in such time and in such manner as to afford the Board and financial institution the opportunity to act upon it.

Name: _____
 (PLEASE PRINT)

Signature: _____ Date: _____

RETURN WITH A BLANK VOIDED CHECK TO:

CT Teachers' Retirement Board
 165 Capitol Avenue
 Hartford, CT 06106-1659
You may also Fax to (860) 622 – 2849
 Or EMAIL to healthinsurance.trb@ct.gov
