Cancellation Request For Electronic Funds Transfer (EFT) of Retirement Benefit

Teachers Retirement System of Georgia

▼ To Be Completed by Retiree -- *please print clearly*

			–			–				

Social Security Number

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

(_____)_____ Telephone Number

City _____ State _____ Zip Code _____

Please discontinue depositing my monthly retirement benefit by Electronic Funds Transfer (EFT). I wish to have my monthly check mailed to the home address listed above.

Signature _____ Date _____

Please return this form to TRS at the address listed below.

E F T

Two Northside 75 ● Suite 100 ● Atlanta, GA 30318 ● (404) 352-6500 ● (800) 352-0650 ● fax (404) 352-4885 ● www.trsga.com