



ASSOCIATION DUES
PAYROLL DEDUCTION AUTHORIZATION

MAIL (do not fax) this form to:
TEACHER RETIREMENT SYSTEM OF TEXAS
1000 Red River Street
Austin, Texas 78701-2698

By signing below, I authorize the Teacher Retirement System of Texas (TRS) to withhold each month 1/12 (one-twelfth) of my annual Texas Retired Teachers Association (TRTA) membership dues from my TRS monthly annuity payment. I understand that the amount of TRTA membership dues is set by TRTA (not TRS) and that to receive membership dues information, I must contact TRTA at (512) 476-1622 or 1-800-880-1650. I understand and agree that the monthly deduction from my TRS annuity will **automatically** increase upon the effective date of all future increases in my TRTA membership dues unless this authorization is cancelled in a manner indicated below.

Also, I understand and agree to the following:

- As provided in Texas Government Code §825.507(b)(6), I authorize TRS to disclose to TRTA the following information: date TRS received this form; name and TRTA number reflected on this form; and dates and amounts of dues deductions made from my annuity and if provided below my phone number.
- This deduction will be effective no earlier than my July 1, 2003 annuity payment. However, once begun, this deduction will remain effective until the earliest of the following: 1) the date my annuity terminates for any reason; 2) the date the Association Dues Deduction Agreement between TRS and TRTA is terminated for any reason; or 3) the date of the first annuity payable after the date TRS receives a signed form TRS 594, *Association Dues Payroll Deduction Cancellation*, unless this cancellation form is received by TRS after the monthly payroll cutoff date established by TRS. In that event, the deduction will continue until the first annuity payable for the month after the month in which TRS receives the cancellation form.
- All other appropriate deductions will be made from my annuity before TRTA dues are deducted. If the amount of my annuity payable is not sufficient for such dues deduction, no deduction will occur.
- TRS assumes no liability or responsibility for any disputes, damages or other consequences relating to dues deduction or this authorization.
- **TRS is not affiliated or associated in any way with TRTA, nor is TRTA authorized to act on behalf of TRS.**

To ensure processing of this request, all of the information in the blanks below, except phone number, must be complete and accurate. Please print your name as it appears on the mail you receive from TRS.

Printed Name _____

TRTA Member ID Number _____

Do not submit this form to TRS without your TRTA member number. If you are already a TRTA member and are now requesting payroll deduction for the payment of TRTA dues, please provide your current TRTA member ID number. If you are not currently a TRTA member, wish to join the Association and use payroll deduction, TRTA will assign a member ID number. Call TRTA at (512) 476-1622 or 1-800-880-1650.

Social Security Number _____

Telephone No. _____
(Optional)

Signature _____

Date _____