

Indiana University Replacement Retirement Plan Direct Deposit Form

Payee Name: _____

Name of Your Bank: _____

Bank Address: _____

City/State: _____

Name/Names on Your Account: _____

Bank Routing #: _____

(9 digit group of #s in the lower left corner of your check)

Your Account Number: _____

Account Type: Checking or Savings

(circle one)

Bank's Telephone Number: _____

Authorized Signature: _____ Date: _____

(payee's signature)

Your Telephone Number: _____

**Please return to: IU Replacement Plan
 Retirement Plan Administrator
 Indiana University
 Poplars Room E165
 400 E. Seventh Street
 Bloomington, IN 47405**

TIAA-CREF Trust Company, FSB is authorized to make disbursements for the above payee from the Indiana University Replacement Retirement Plan account # 881234401 held at TIAA-CREF Trust Company via electronic funds transfer until otherwise notified by Indiana University.

Indiana University: _____ Date: _____

Authorized Signature