



Financial Services

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Page 1 of 3

Please print using black or dark blue ink.

Fax the completed EFT Authorization Form and a copy of a voided, unsigned check from your financial institution to **800 842-5916**. Submit only one Form for your institution.

The EFT Authorization Form allows Teachers Insurance and Annuity Association of America (TIAA) and/or TIAA-CREF Trust Company, FSB, to transfer funds for premium remittances from your bank account to TIAA and/or TIAA-CREF Trust Company, FSB. The administrator must authorize the transfer of funds with each contribution list. You can also allow TIAA and/or TIAA-CREF Trust Company, FSB to remit refunds via EFT to the bank account of your choice.

1. INSTITUTION INFORMATION

Please Check One:

My institution is applying for EFT for the first time.

OR

I am updating the EFT information on file for my institution.

TIAA and/or TIAA-CREF Trust Company, FSB is hereby authorized to present Automated Clearing House (ACH) transactions or Depository Transfer Checks (DTCs) to the account indicated below at the depository institution named.

Institution Name

Address

City

State

Zip Code

Name of Institution Contact

Title

Contact Telephone Number

Extension

Email Address

2. PROVIDE YOUR CONTRACT NUMBERS

Please Check One:

Authorize Access to all plans associated with my institution.

OR

Authorize Access to only the following plans (must be six digits):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





Financial Services

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Page 2 of 3

Please provide the following bank information for both payments and refunds, and then sign the authorization on page 3.

NOTE: If you have an ACH debit block on your bank account, please instruct your bank that debits from TIAA Origin Codes 2005092001 and 209430001D should be permitted.

3. EFT PAYMENTS TO TIAA AND/OR TIAA-CREF TRUST COMPANY, FSB

Bank Name

Bank Address (no P.O. Boxes)

City

State

Zip Code

Title of Account

Account Number

ABA Number (must be 9 digits)

My institution uses Online Contribution List (OCL).

My institution uses File Exchange.

When you submit your Online Contribution List (OCL), how would you like to authorize your payment?

Prompt me to authorize payment each time I submit an Online Contribution List (OCL).

Once I have set up EFT, automatically authorize payment whenever I submit a contribution.

Institution Name

Administrator Name

4. EFT REFUND PAYMENTS TO YOUR BANK

Please Check One:

Use the bank account listed above.

OR

Use the bank account below for EFT refunds.

Bank Name

Bank Address (no P.O. Boxes)

City

State

Zip Code

Title of Account

Account Number

ABA Number (must be 9 digits)





5. AUTHORIZATION

Unless otherwise noted, TIAA and/or TIAA-CREF Trust Company, FSB will establish EFT capability for the individual identified in this Electronic Funds Transfer (EFT) Authorization Form.

If you submit payment via Remit Funding Electronic Funds Transfer (EFT): payments must be authorized before 4 p.m. (ET) in order to be credited to your retirement plan effective the next business day.

If you use Online Contribution List (OCL) and authorize payment via OCL Electronic Funds Transfer (EFT): your list must be in a completed status before 2:30 p.m. (ET) in order to be credited to your retirement plan effective the next business day.

Outgoing debit transactions from your bank account will state "TIAA-CREF" on your bank statement and will be payable to TIAA and/or TIAA-CREF Trust Company, FSB. Incoming credit transactions to your bank account will state "TIAA Insurance Reimbursement."

This authorization does not affect the institution's primary obligation for payment. This authorization is to remain in effect until TIAA and/or TIAA-CREF Trust Company, FSB is notified in writing to the contrary.

I hereby certify that I am an authorized representative of the named Plan. By my signature below, I confirm the accuracy of the information provided within this document.

Please sign your full legal name with suffix, if applicable, using black or dark blue ink. Digital signatures are not accepted.

Primary Authorized Name (Please Print)

[Text input field for Primary Authorized Name]

Primary Authorized Signature

[Text input field for Primary Authorized Signature]

Today's Date (mm/dd/yyyy)

[Date input field showing 20]

Please ensure that you fax all pages to TIAA-CREF including a copy of a voided, unsigned check from your financial institution.

6. RETURN COMPLETED FORM(S) TO:

FAX:
800 842-5916

