

ENROLLMENT FORM FOR ELECTRONIC PAYMENT (eBill) TGRS-MERS – PENSION FUNDING

Account Information

Tribe Name _____ Customer No. _____

Phone No. () _____

eBill Main Contact

Name _____ E-mail _____
(User ID and Password will be e-mailed to you)

Optional –

eBill Alternate: Name _____ E-mail _____

Financial Institution Information

Name of Institute _____ (Checking Account Only)

Routing No. _____ Acct. No. _____

and to ensure accuracy of information required for electronic payment, please enclose a voided check or clear photocopy from your financial institution showing the name of the financial institution, the ABA/routing transit number and your account number.

Signature of Authorization by Treasurer (or Designated Electronic Transaction Officer)

I authorize the Tribal Government Retirement System to deduct the tribe's payment from the checking account indicated above upon TGRS' receipt of my initiated electronic authorization on behalf of the tribe. Such deduction shall occur within 30 days of my authorization. If the payment does not occur within 30 days, my renewed authorization for such payment is required prior to deduction. I understand that I initiate and control my payment and if at any time I decide to discontinue this payment service, I will notify TGRS. I also understand the financial institution or TGRS may also cancel this authorization.

I understand that the provisions of TGRS-MERS Enforcement Procedure for Prompt Reporting and Payment (as revised effective January 1, 2004) apply if the account has insufficient funds on the due date or if payment is made by check rather than electronically.

Signature is Required

Printed Name: _____ Title _____

Signature: _____ Date _____

RETURN TO: Tribal Government Retirement System c/o TGRS-MERS
1134 Municipal Way
Lansing, MI 48917
Phone: (877) 641-8477 • Fax: (517) 703-9721