AUTOMATIC WITHDRAWAL OF GROUP BENEFITS PROGRAM (GBP) INSURANCE PREMIUM

Information provided to the Employees Retirement System of Texas (ERS) is maintained for administration of your benefits. If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

GBP Member Information

Member Name (Last, First Middle Int	tial)	Social Security Number
Address (Street, P.O. Box, APO/FPO, City	y, State, Zip)	Telephone Number
TO SIGN UP FOR AUTO	MATIC WITHDRAWA	AL
hereby authorize to withdraw the amount of the monthly Texas Employees Group participant listed above from the indicated account. I concurre such amounts from the account. This authorization will remain Stop/Change Automatic Withdrawal Authorization form or I for changes to the automatic withdrawal must be post following month. I understand that all insurance premium painsurance premium will begin.	p Benefits Program (GBP) ently authorize the financial n in effect until I have cance no longer have any out of p tmarked by the 20 th of t	institution named below to debelled it in writing by submitting bocket premiums. Cancellation he month to be effective the
Member's Signature:		Date:
(Guardian may sign for	r minor children)	
Name of Financial Institution Address of Financial	Institution	Telephone Number
Account Owner's Printed Name Account	nt Owner's Signature	Date
John Doe and Jane Doe 12345 Someplace Dr. Anywhere, TX 12345-6789 Pay to the order of	2	Checking Savings or financial institution if you ording your Routing Number.
	Acco	unt Number
Routing Number	Mail the completed form to the: Employees Retirement System of Texas P. O. Box 13207, Austin, Texas 78711-3207	

(512) 867-7711 or (877) 275-4377 (toll-free) www.ers.state.tx.us