



APRS
AUSTIN POLICE RETIREMENT SYSTEM

Please follow the below instructions to complete your request:

- 1) Submit the form and other required documentation to the **Member Portal** using the following link www.ausprs.org. Digital signatures are accepted.

OR

Mail the forms and other required documentation to the System's mailing address:

APRS

P.O. Box 40609

Austin, TX 78704

- 2) All submissions must include a copy of your driver's license along with the other listed required documents. **APRS will not accept incomplete forms.**
 - Copy of Driver's License
 - Copy of the banking information document from the bank institution or a canceled check
 - Bank Account / Address Change Form

Only changes received on or before the 15th day of the month will be effective for that month's payment. A confirmation will be emailed to you after the form and other required documentation has been received.

For security purposes, please do NOT email sensitive and personal information.

Mailing Address:
P.O. Box 40609
Austin, TX 78704

Physical Address:
2520 S. IH-35, Suite 100,
Austin, TX 78704

Phone: (512) 416-7672
Fax: (512) 416-7138
www.ausprs.org



REQUEST FOR ADDRESS / BANK ACCOUNT CHANGE

Only changes received on or before the 15th day of the month will be effective for that month's payment.

All submissions must include a copy of your driver's license. In addition, retirees must also submit a voided check (no temporary checks) or a document from their financial institution which contains the institution's name, routing number, account number, and the names of the account holders. APRS will not accept incomplete forms.

I request that the change(s) indicated below be made effective:

- On the next paycheck issued. (Paychecks are mailed at the end of each month for the month ending. The necessary form must be received by the System by the 15th day of that month)
- On the check issued at the end of _____, 20_____.
Month

Change Requested:

- I have attached a voided check or bank document showing my name, routing number and account number. Please discontinue my present check handling arrangements and begin depositing my checks into this account.
- Please discontinue my direct deposit and mail my checks to the address below.
- Please change my check mailing address to the address below.
- Please change my mailing address only. Do not change the directions regarding retirement check.

Name: _____ SSN (last four digits): _____

Address: _____

City, State, Zip: _____

E-Mail Address: _____ Phone Number: _____

Type of Account: Checking Savings

Name of Bank/Financial Institution: _____

Routing Number: _____

Account Number: _____

Signature

Date

This request must be signed by the retiree or the surviving beneficiary who receives the checks. Any other requestors must contact the System at (512) 416-7672 for further instructions.