



**CONTACT INFORMATION**

Name (First, Middle, Last): \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Number Street

\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
City State Zip

Person to notify in case of an emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**RETIREMENT FROM PRIOR EMPLOYMENT**

Are you retired from the Retirement Systems of Alabama (TRS or ERS)?

Yes  No If yes, TRS or ERS \_\_\_\_\_ Retirement Date \_\_\_\_\_

Are you currently paying into the Retirement Systems of Alabama?

Yes  No If yes, TRS or ERS \_\_\_\_\_ Employer Name \_\_\_\_\_

**DIRECT DEPOSIT INFORMATION**

Name of Bank: \_\_\_\_\_

Bank's Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking  Savings

This authority will remain in effect until I cancel it by providing writing notification to Troy University's Payroll Department. I authorize Troy University to initiate credit entries and debit entries (if required) to adjust a credit error to my account as indicated below. I also authorize the depository to credit and/or debit the same to my account.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_