

# TROY UNIVERSITY



**Payroll Department**  
**244 Adams Administration**  
**Troy, Alabama 36082**  
**(334) 670-3118**

## **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL CHECKS**

**PARTICIPANT'S INSTRUCTIONS:** Please print your name, social security number (SSN), sign, date and affix a voided check for the account you choose for your direct deposit.

Your Bank's Name: \_\_\_\_\_

Bank's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA number \_\_\_\_\_  Savings       Checking

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

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

Participant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Please Print)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIX VOIDED CHECK**  
**Do not affix a deposit slip.**