

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.