

# TROY UNIVERSITY

Employee Information and Direct Deposit Form

New Employee

Current Employee  
Updating Information

## **Contact Information**

Name (First, Middle, Last): \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

Emergency Contact Phone Number: \_\_\_\_\_

## **Retirement from prior employment - to be completed by new or returning employees**

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: \_\_\_\_\_

Account type:  Checking  Savings

This authority will remain in effect until I cancel it by providing written 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: \_\_\_\_\_