



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: _____