

TROY UNIVERSITY

Employee Information and Direct Deposit Form

New Employee
Start Date: _____

Current Employee
Updating Information

Contact Information

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

Position Title: _____ Department: _____

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: _____