

# TROY UNIVERSITY



**TROY UNIVERSITY**  
**Office of Human Resources**  
**Payroll Department**  
**Troy, Alabama 36082**  
**(334) 670-3118**

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL CHECKS

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.

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

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

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

Account Number \_\_\_\_\_  Paid Monthly  Paid Bi-Weekly

This authority will remain in effect until I cancel it by providing written notification to Troy's Payroll Department.

Participants Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ Participants's Signature: \_\_\_\_\_

**AFFIX VOIDED CHECK**

**Do not affix a deposit slip.**

**PARTICIPANT'S INSTRUCTIONS:** Please print your name, social security number (SSN), **check monthly or bi-weekly**, sign, date and affix a voided check for the account you choose for your direct deposit. The Payroll Department will complete the other parts of the form from your check.