Contact Information	
Name (First, Middle, Last):	Last four digits of SSN:
3RVLWLRQ 7LWOH BBBBBBBBBBBBB	BBBBBBBB 'HSDUWPHQW BBBBBB
Address:	
& H O O Phone Number:	
Person to notify in case of an emergency:	Relati onship:
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 (TF	RS or ERS)?
YES NO If yes, TRS or ERS: Retirement Da	ate:
Are you currently paying into the Retirement Systems of Alak	pama?
YES NO If yes, TRS or ERS: Employer Nam	ne:
Direct Deposit Information	
Name of Bank: Bank's Add	dress:
Routing Number: Account N	umber:
Account type: Checking Savings	
This authority will remain in effect until I cancel it by providing Department. I authorize Troy University to initiate cred it enticredit error to my account as indicated below. I also authorize my account.	ries and debit entries (if required) to adjust a
Employee Signature:	_
Date:	