

City of Troy

Direct Deposit Enrollment Authorization

Initial Enrollment

Change

Cancellation

(Please Circle One)

I hereby authorize the City of Troy to automatically deposit my monthly check to the designated financial institution and account listed below. This authorization will also allow the City of Troy to adjust entries to correct errors.

This authorization will remain in effect until I have changed it in writing. I also understand that the enrollment/changes authorized will become effective with the first check possible based on the processing time of the Finance Department.

Retiree Signature

Date

Please print the information requested below and return the completed form along with a blank "voided" check (if depositing in a checking account) and/or deposit slip (if depositing in a savings account).

Retiree Name

Phone #

Financial Institution Name #1

Financial Institution #1 Phone Number

Financial Institution Name #2

Financial Institution #2 Phone Number

Financial Institution Name #3

Financial Institution #3 Phone Number

Please circle checking or savings

CHECKING Account No.

Transit/Routing No.

SAVINGS Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\$ _____
Amount

CHECKING Account No.

Transit/Routing No.

SAVINGS Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\$ _____
Amount

CHECKING Account No.

Transit/Routing No.

SAVINGS Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\$ _____
Amount

If the entire check is to be deposited, please list "Entire" in the amount column. If depositing a specified amount to one account and the balance of the check to another account, please list "Balance" in the amount column.