City of Troy

Direct Deposit Enrollment Authorization

☐ Initial Enrollment ☐ Change ☐ Cancellation

(*Please Check One*)

I hereby authorize the City of Troy to deposit my entire monthly pension check automatically to a designated financial institution and account listed below each month. 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 or deposit slip if depositing in a savings account.

Retiree Name Phone #

Financial Institution Name

Address of Financial Institution

City State Zip

Transit/Routing No. CHECKING Account No.

Transit/Routing No. SAVINGS Account No.