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| --- |
| ARKANSAS DIRECT DEPOSIT SYSTEM**DIRECT DEPOSIT AUTHORIZATION FORM** |
|  |
| **Print or Type – Complete ENTIRE Form and Sign** |
|  |
| CHECK ONE |  |  | CHECK ONE |  |
|  |  |  |
|  | [ ]  | Add New Enrollment |  |  [ ]  Service Retirement |
|  |  |  |  |  |
|  | [ ]  | Change of present financial institution and/or account |  [ ]  DROP |
|  |  |  |  |  |
|  | [ ]  | Inactivate – Terminate authorization |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |       |       |   |  |       |  |
| Last Name |  | First Name | Middle Initial |  | Social Security Number |
|  |
|  | (     )       |       |  |
| Phone |  | E-mail |  |
|  |

|  |  |
| --- | --- |
|  | **Account Type (Check One)** |
|  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |
| Direct Deposit Routing Number (9 characters) \*Verify with your bank\* | [ ]  Checking | [ ]  Savings  |
|  |  |  |  |  |
|  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |
| Account Number (Up to 17 characters) |  |  |  |

|  |
| --- |
| **\*MUST ATTACH COPY OF A VOIDED PERSONAL CHECK\*** |
|  |
| Financial Institution Name |       |
|  |  |  |  |
| City |       | State |    | Zip |       |
|  |
| **CERTIFICATION PARAGRAPH:** |
| I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to the account indicated above the net amount I am due as if a warrant had been delivered to me for that amount. I also authorize the Financial Institution indicated above to credit the net amount to the account. Should an incorrect entry be made, ADDS is authorized to initiate debit entries to the account necessary to correct the incorrect entry. This authority is to remain in full effect until ADDS has received written notification from me of its termination. |
|  |
| ***FORM MUST BE NOTARIZED BELOW*** |  |  |
|  |  |
| State of  |  | County of  |  |  |
| Subscribed and sworn to before me on this |  |  day of |  | , |  | . |
|  |  |
|  |  |  | Notary Public |  |  |
|  | (SEAL) |  |
|  |   |  | My commission expires |  |
|  |  |
|  |  | *Member’s Signature* |  |
|  |  |  |  | ***(to be signed in front of notary)*** |

*Return completed form to: ASHERS, P.O. Box 2261, Little Rock, AR 72203*