

Dennis Milligan
Auditor of State



230 State Capitol
Little Rock, AR 72201

State of Arkansas

Arkansas Auditor of State Employee Direct Deposit Authorization

Please complete the entire form and sign at the bottom.

Check One:

- Add New Enrollment
- Change of Present Financial Institution and/or Account
- Inactivate-Terminate Authorization
- Delete-Account Pending Approval, Direct Deposit State=P

Date: _____ **Agency Code:** 059 **Agency Title:** Auditor of State

Employee Name: _____

Social Security Number: _____

Financial Institution Name: _____

City: _____ **State:** _____ **Zip:** _____

Bank Routing Number: _____

Account Number: _____

Account Type (select one) **Checking Account** **Savings Account**

I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to my 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 my account necessary to correct the incorrect credit entries. This authority is to remain in full effect until ADDS has received written notification from me of its termination. I understand that by having my payment deposited in this manner, a direct deposit notification is available and that there will be no charge for this service.

Employee Signature: _____ Date: _____

Attach Voided Check or Deposit Slip

I certify that I have verified the bank information provided above with the bank information on the attached check or deposit slip

_____ Agency Official

_____ Date

_____ Phone Number