ARKANSAS DIRECT DEPOSIT SYSTEM
GENERAL EXPENSE DIRECT DEPOSIT AUTHORIZATION FORM

AGENCY CODE: 710

AGENCY TITLE: FINANCIAL SUPPORT        DATE: ____________

CONTACT PERSON: ________________________________

TELEPHONE NUMBER: ________________________________

CHECK WHERE APPLICABLE:

_ NEW ENROLLMENT. COMPLETE ENTIRE FORM AND SIGN

_ CHANGE OF PRESENT FINANCIAL INSTITUTION AND/OR ACCOUNT. COMPLETE ENTIRE FORM AND SIGN

_ CANCEL PARTICIPATION. SIGN FORM.

I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to my account indicated below 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 below to credit the net amount to the account. Should an incorrect entry be made, ADDS is authorized to initiate debit entries necessary to correct the incorrect credit entries.

Financial Institution Name: ____________________________________________

City: ___________________________     State: _____     Zip: ____________

Select One:       Checking Account ___     Savings Account ___

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 advice notification will be available and that there will be no charge.

FEDERAL ID: ______________________

NAME: ________________________________

ADDRESS: ________________________________

CITY: ___________________________     STATE: _____     ZIP: ____________

DATE: ____________       SIGNATURE: ________________________________

ATTACH VOIDED CHECK

AGENCY USE ONLY

BANK ROUTING NUMBER   ACCOUNT NUMBER   ACCOUNT TYPE
_______________________   ____________________       _________________

Revised 12/2013