

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_