Bank Details/Direct Deposit Enrollment Form (IT0009)

Agency/Institution Name and Number	Date *(MM/DD/YY)*
Name *(Last, First, Middle)*	Personnel Number

☐ **Add** ☐ **Change** ☐ **Delete**

BANK DETAILS (IT0009) **Main Bank** ***Please attach voided check.***

Bank Name		
Bank Transit Number *(9)*	Bank Account Number *(Up to 15 characters)*	Account Type ☐ Checking 01 ☐ Savings 02
Standard Value/$ Amount **OR**	Standard Percentage	

BANK DETAILS (IT0009) **Other Bank** ***Please attach voided check.***

Bank Name		
Bank Transit Number *(9)*	Bank Account Number *(Up to 15 characters)*	Account Type ☐ Checking 01 ☐ Savings 02
Standard Value/$ Amount **OR**	Standard Percentage	

WARRANT INFORMATION (Bank Details IT0009) **Main Bank/Other Bank**

Standard Value/$ Amount		Standard Percentage
$	**OR**	%

Enter 100% if no direct deposit options are chosen.

EMPLOYEE SIGNATURE

Provided I have chosen a direct deposit option, I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to my account(s) indicated above the net amount I am due as if a warrant has been delivered to me for that amount. I also authorize the Financial Institution(s) indicated above to credit the amount(s) to the account(s). Should an incorrect entry be made, ADDS is authorized to initiate debit entries to my account(s) necessary to correct the incorrect credit entries. This authority is to remain in effect until ADDS has received written notification from me of its termination. I understand that by having my payment(s) deposited in this manner, a direct deposit advice notification will be available on-line.

Employee Signature	Date *(MM/DD/YY)*	Phone

SUBMITTING OFFICE AUTHORIZATION

Agency Official	Signature	
Entered By *(If different than Agency Official)*		Date *(MM/DD/YY)*

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