

ARKANSAS TECH UNIVERSITY DIRECT DEPOSIT AUTHORIZATION FORM

Employees who desire to participate in the direct deposit program should complete the form below and return it to the Payroll Office. *Please attach a voided copy of a check showing the appropriate account numbers.*

You have the option of depositing your paycheck into two different accounts (i.e., specified amount to savings and balance to checking). You may exercise that option by indicating your preference below.

Name: _____ SS #: _____

Please deposit my payroll check as follows:

Bank Name and Address: _____

	Account Number	Amount to be deposited
Savings:		
Checking:		

Signature

Date