

**ARKANSAS TECH UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION FORM**

Please complete this form and return it to the Payroll Office.

Name (Please Print)

Social Security Number

Check one of the following:

_____ New enrollment

_____ Change in current financial institution and/or account

_____ Cancel participation

CHECKING ACCOUNT

_____ Change _____ Cancel

Financial Institution _____

City, State _____

Account Number _____

Dollar Amount \$ _____ or percentage _____% to be deposited each month.

SAVINGS ACCOUNT

_____ Change _____ Cancel

Financial Institution _____

City, State _____

Account Number _____

Dollar Amount \$ _____ or percentage _____% to be deposited each month.

I authorize Arkansas Tech University to direct deposit my payroll check to the checking and/or savings account indicated.

I also understand that upon termination of employment with Arkansas Tech University my final check cannot be direct deposited into my bank account(s).

A voided check and/or savings account slip must be submitted with this form.

Signature

Date