

**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

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**CHECKING ACCOUNT**

(Attach voided check)

Financial Institution \_\_\_\_\_

City, State \_\_\_\_\_

I wish to deposit (check one)

Dollar Amount \$ \_\_\_\_\_ or  Entire Net Pay

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**SAVINGS ACCOUNT**

Financial Institution \_\_\_\_\_

City, State \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

I wish to deposit (check one)

Dollar Amount \$ \_\_\_\_\_ or  Entire Net Pay

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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