Arkansas Tech University

Accounts Payable Direct Deposit Authorization Form

Browning Hall 3rd Floor - Suite 302

Employee Name	First	Middle	Last	Employee T #	
Work Phone		Home Phone		Department	Required
E-mail					
	New enrollment	Change in Current	t Bank and/or Account	Cancel Direct Depo	sit Participation

I hereby authorize and request ATU to have my reimbursement/payment directly deposited to the designated checking or savings account I have indicated below. I also authorize ATU to initiate any correction (debit) entries to my account, should such entries be neccessary. The financial institution named below is also authorized to make the same entries to my account. This authority is to remain in full force and effective until ATU has received written notification from me of its cancellation. I may give such notice at any time, but I must allow ATU a reasonable time after receipt to act upon it. I understand that ATU is not responsible for the accuracy of the bank information I have provided and inaccurate information will delay the implementation of my direct deposit.

If you are using the same active account as your payroll direct deposit, choose the "YES" box and complete the account information. A voided check is NOT necesseary with this selection.

For new enrollment or changes to a current account, choose the "NO" box, complete the account information and attach a voided check or direct deposit authorization form from your bank.

	Please use the s
YES	currently being

same active account that is used for my payroll direct deposit. NO

A voided check or direct deposit authorization form from my bank is attached.

Bank Name	9 Digit Bank Routing Number	Account Number	C=Checking S=Savings	

Employee Signature

Date

Return this form & voided check to the Accounts Payable Office in Browning Hall Suite 302. Do not email or fax form.

This sample check illustrates how to identify the 9 digit routing number and the account number on the bottom of your check.

