ARKADELPHIA PUBLIC SCHOOL DISTRICT #1
ARKADELPHIA, AR 71923

DIRECT DEPOSIT AUTHORIZATION

Please return to the Business Office

_____ _____

Name (Please Type or Print) Social Security Number

ACCOUNT # 1

NAME OF FINANCIAL INSTITUTION_____

LOCATION OF FINANCIAL INSTITUTION_____ _____

City State

FINANCIAL INSTITUTION'S ABA ROUTING NUMBER_____

(Nine-Digit Number)

( ) CHECKING ACCOUNT_____( )SAVINGS ACCOUNT_____

*****_If a portion of the net pay is deposited to a second account, the remainder is deposited to the checking account number noted here._

****If you wish to have a portion of your net pay deposited into a second checking account or savings account, please fill out the information below.***

ACCOUNT # 2

NAME OF FINANCIAL INSTITUTION_____

LOCATION OF FINANCIAL INSTITUTION_____ _____

City State

FINANCIAL INSTITUTION'S ABA ROUTING NUMBER_____

(Nine-Digit Number)

( ) CHECKING ACCOUNT_____( )SAVINGS ACCOUNT_____

AMOUNT DEPOSITED _____

*****_Minimum $20.00 *Must be a flat fee._

*****A VOIDED CHECK MUST BE ATTACHED*****

STATEMENT: I hereby authorize the Arkadelphia Public School District #1 to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error in my checking and/or savings account(s) indicated above. I authorize and request my financial institution to credit and/or debit the same such account.

A Pre-Note will be ran the first month showing a "0" deposit to my account to verify correct routing numbers. The live Direct Deposit will begin the following month.

This authority is to remain in full force and effect for the duration of your employment. Employee will be responsible to notify Arkadelphia Public School of any account changes, and will provide the district with a new Direct Deposit form within 30 days of change.

_____ _____

Employee Signature Date