

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM
ARKANSAS DIRECT DEPOSIT SYSTEM
DIRECT DEPOSIT AUTHORIZATION FORM

Print or Type – Complete ENTIRE Form and Sign

<p>CHECK ONE</p> <p><input type="checkbox"/> Add New Enrollment</p> <p><input type="checkbox"/> Change of present financial institution and/or account</p> <p><input type="checkbox"/> Inactivate – Terminate authorization</p>	<p>CHECK ONE</p> <p><input type="checkbox"/> Service Retirement</p> <p><input type="checkbox"/> DROP</p>
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Last Name	First Name	Middle Initial	Social Security Number
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Phone	E-mail		

_____ Direct Deposit Routing Number (9 characters) *Verify with your bank*	Account Type (Check One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
_____ Account Number (Up to 17 characters)	

MUST ATTACH COPY OF A VOIDED PERSONAL CHECK

Financial Institution Name _____

City _____ State _____ Zip _____

CERTIFICATION PARAGRAPH:

I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to the account indicated above the net amount I am due as if a warrant had been delivered to me for that amount. I also authorize the Financial Institution indicated above to credit the net amount to the account. Should an incorrect entry be made, ADDS is authorized to initiate debit entries to the account necessary to correct the incorrect entry. This authority is to remain in full effect until ADDS has received written notification from me of its termination.

FORM MUST BE NOTARIZED BELOW

Subscribed and sworn to this _____ day of _____, _____,

(SEAL) Notary Public _____

My commission expires _____

Member's Signature _____

(to be signed in front of notary)

Return completed form to: ASHERS, P.O. Box 2261, Little Rock, AR 72203