## ARKANSAS DEPARTMENT OF TRANSPORTATION

**ARKANSAS DIRECT DEPOSIT SYSTEM** 

CONTRACTOR, CONSULTANTS, & OTHER VENDORS DIRECT DEPOSIT AUTHORIZATION FORM

PRINT OR TYPE - COMPLETE ENTIRE FORM AND SIGN

CHECK ONE		CONTRACTOR	
Α		Add New Enrollment	
С		Change of present financial institution and/or account	
Ν		Inactivate – Terminate authorization	
D		Delete – Account pending approval, direct deposit status = P	
COMPANY NAME &	ADDRE	SS	

		SOCIAL SECURITY NUMBER	
DIRECT DEPOSIT ROUTING NUMBER (CALL BANK TO VERIFY)		ACCOUNT TYPE (CL	
(9 CHARACTERS) ACCOUNT NUMBER (VERIFY WITH BANK)		CHECKING	SAVINGS
(UP TO 17 CHARACTERS)			<u> </u>
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.

SIGNATURE AND TITLE	DATE	PHONE					
MUST ATTACH A VOIDED COMPANY CHECK							
RETURN COMPLETED FORM TO: ARDOT, FISCAL SERVICES DIVISION, P.O. BOX 2261, LITTLE ROCK, AR 72203							
F YOU HAVE ANY QUESTIONS, PLEASE CALL 501-569-2506							
FISCAL SERVICES ONLY							
AUTHORIZATION FORM VERIFIED TO CHECK	(Initial)						
DATE ENTERED							