

SOUTHEAST ARKANSAS COLLEGE

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME	SOCIAL SECURITY NUMBER
EMPLOYEE ADDRESS	

New enrollment

 Change

 Delete

Banking Priority – Your net pay can be distributed into different accounts even if they are with different banks. Your pay will be distributed to each account according to the order you have listed them below.

Allocation of Net Pay – Write in the amount or percentage of your net check that you would like to go into each account per pay period, only one dollar amount can be indicated for each account. For the last priority that you use, write "Remaining NET Amount" in the Dollar Amount column.

***The total amount of your direct deposit must be equal to your net salary. ***

BANK DETAILS

A voided check must be attached to this form. Deposit slips will not be accepted.

Bank Priority	Bank Name	Bank Routing Number	Account Number	C=Checking S=Savings	Dollar Amount or Percentage
1.					
2.					
3.					
4.					

EMPLOYEE SIGNATURE

Provided I have chosen a direct deposit option, I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to my account(s) indicated above the net amount I am due as if a warrant has been delivered to me for that amount. I also authorize the Financial Institution(s) indicated above to credit the amount(s) to the account(s). Should an incorrect entry be made, ADDS is authorized to initiate debit entries to my account(s) necessary to correct the incorrect credit entries. This authority is to remain in effect until ADDS has received written notification from me of its termination. I understand that by having my payment(s) deposited in this manner, a direct deposit advice notification will be available on-line.

Employee Signature	Date (MM/DD/YY)	Phone
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SUBMITTING OFFICE AUTHORIZATION

<input type="checkbox"/> Entered in Paycom	
Entered by (SIGNATURE)	Date (MM/DD/YY)