Dennis Milligan Auditor of State



230 State Capitol Little Rock, AR 72201

State of Arkansas

Arkansas Auditor of State Employee Direct Deposit Authorization

Please complete the entire form and sign at the bottom.

Check One:					
Add New En	rollment				
Change of Pro	esent Financial Institutio	n and/or Accour	ıt		
Inactivate-Te	rminate Authorization				
Delete-Accou	int Pending Approval, D	irect Deposit Sta	ite=P		
Date:	Agency Code: (059 Agency T	itle: Audit	or of State	
Employee Name:					
Social Security N	umber:				
	ion Name:				
City:		Stat	e:	Zip:	
Bank Routing Nu	mber:				
Account Number	:				
Account Type (se	lect one)Checkin	g Account _	Savin	gs Account	
warrant had been deliver account. Should an inco credit entries. This author	ckansas Direct Deposit System (A red to me for that amount. I also rrect entry be made, ADDS is au ority is to remain in full effect un g my payment deposited in this r	authorize the Financia thorized to initiate de atil ADDS has receive	al Institution in bit entries to n d written notif	ndicated above to credit to my account necessary to concentration from me of its ter	he net amount to the correct the incorrect mination. I
Employee Signature:			_ Date:		
	neck or Deposit Slip fied the bank information provide	ed above with the bank	c information o	on the attached check or o	deposit slip
Agency Official		Date		Phone Number	