

UNIVERSITY OF ARKANSAS AT PINE BLUFF
DIRECT DEPOSIT
AUTHORIZATION FORM
SECONDARY

UAPB Payroll Office
 Mail Slot 4911 – 1200 N. University
 Pine Bluff, AR 71601

PH: (870)575-8403/8404
 Rm#: 203 Adm. Bldg.
 Fax#: (870)575-4650

(Return this form to the address above, or fax to the Payroll Office)

Please note: Direct Deposit is not available for Extra Help or College Workstudy employees.

Purpose of Authorization:

Purpose for completing this form :(Check One)

- New Authorization (Complete A,B,C) Changes To Existing Authorization (Complete A, B, D) Cancellation (Complete A & E)

A. Employee Information (Please Print)

Employee Name: _____ Social Security Number _____
 Department: _____ Ext. _____

--	--	--	--	--	--	--	--	--	--

B. Financial Institution Information: (Check one) Local Out-of-Town

Name of Banking Institution:	Phone #:
Address:	
City:	State
	Zip:

Depositories (check one): Checking (Attach a Void Check) Savings Acct #: _____
AMOUNT OF DEPOSIT:\$ _____ **ROUTING #** _____

C. New / Secondary Authorization Statement

I authorize and request UAPB to deposit to my account the net amount due from payroll, retirement, or living allowance to the designated bank or financial institution above, by way of electronic direct deposit. I understand that I may terminate this agreement at any time by completing another "Direct Deposit Authorization" and sending it to Payroll Services, allowing a reasonable time for my employer to act upon my request for termination. I also authorize UAPB to initiate such debit entries to said account(s) as may be required to correct any erroneous entries or make necessary adjustments.

 Employee Name Date

D. Change to Authorization

I authorize and request the UAPB Payroll Office to make the changes indicated on this form, by me, for automatic deposit of payroll, retirement, or living allowances to my account.

 Employee Name Date

E. Cancellation Statement

I request that UAPB terminate my authorized direct deposit of the net amount due from payroll, retirement, or living allowance to my account. I will allow reasonable time for my employer to act upon my request to terminate this agreement.

 Employee Name Date