

Arkansas State University- Newport

Direct Deposit Authorization Form

Name (Please Print)

CHECK WHERE APPLICABLE

_____ New Enrollment. Complete entire form and sign.

_____ Change of present financial institution and/or account. Complete entire form and sign.

_____ Cancel participation. Sign form.

YOUR FINANCIAL INSTITUTION: _____

ADDRESS OF FINANCIAL INSTITUTION: _____

CHECK ONE OR BOTH:

_____ Checking Account Number: _____

_____ Savings Account Number: _____

If Savings please enter Dollar amount _____ or Percentage _____

PLEASE READ STATEMENT BELOW:

I hereby authorize and request ASU-Newport to have my salary deposited directly to my checking and/or savings account as indicated above. I authorize and request my financial institution to credit the same to my account.

This authority is to remain in full force and effect until ASU-Newport has received written notification from me of its cancellation. I may give such cancellation notice at any time, but I must allow ASU-Newport a reasonable time after receipt to act upon it.

I also understand that upon termination of employment with ASU-Newport, my final paycheck CANNOT be directly deposited to my bank accounts.

Signature of Employee

Date

*** PLEASE ATTACH A VOIDED CHECK**