

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM



DIRECT DEPOSIT AUTHORIZATION FORM

Print or Type – Complete ENTIRE Form and Sign

<p>CHECK ONE</p> <p><input type="checkbox"/> Add New Enrollment</p> <p><input type="checkbox"/> Change of present deposit amount and/or account number</p> <p><input type="checkbox"/> Inactivate – Terminate authorization</p>	<p>MONTHLY DEPOSIT AMOUNT</p> <p style="text-align: center;">\$ _____</p>
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<p>_____ Last Name</p>	<p>_____ First Name</p>	<p>_____ Middle Initial</p>	<p>_____ Social Security Number</p>
<p>() Phone</p>			

<p>_____ Direct Deposit Routing Number (9 characters) <small>*Verify with your bank*</small></p>	<p style="text-align: center;">Account Type (Check One)</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p>
<p>_____ Account Number (Up to 17 characters)</p>	

MUST ATTACH COPY OF MEMBERSHIP FORM

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.

FORM MUST BE NOTARIZED BELOW

State of _____ County of _____

Subscribed and sworn to before me on this _____ day of _____, _____.

Notary Public _____

(SEAL)

My commission expires _____

Member's Signature _____
(to be signed in front of notary)

Return completed form to: ASHERS, P.O. Box 2261, Little Rock, AR 72203