



University of Arkansas at Monticello
Direct Deposit Authorization Form

Name	Social Security Number
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Check One: New Enrollment Change Termination

The secondary account will be credited with the balance of net pay after deposit is made to the primary account.

Depositories:

Name of Financial Institution:		Bank Routing/Transit Number _ / _ / _ / _ / _ / _ / _ / _ / _ / _ /
City	State	Zip
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number Percent or Partial Amount of Net Pay per payperiod to be deposited to this account: _____ <i>(If you wish all net pay deposited to this account, enter 100%)</i>	
Name of Financial Institution:		Bank Routing/Transit Number _ / _ / _ / _ / _ / _ / _ / _ / _ / _ /
City	State	Zip
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number <i>Balance of Net Pay per payperiod will be deposited to this account.</i>	

I acknowledge that if I am a nine-month employee receiving my check over twelve months, my summer salary checks cannot be electronically direct deposited for paydates May 31 through August 15.

I hereby authorize and request the University of Arkansas at Monticello (UAM) to deposit to my account(s) the above net amount(s). I also authorize UAM to initiate such debit entries to said account(s) as may be required to correct any erroneous entries or make necessary adjustments.

I acknowledge that it is the responsibility of the Receiving Depository Financial Institution to make the necessary arrangements for obtaining its automated clearing house information to ensure proper funds are deposited.

I may give cancellation notice at any date, but I must allow UAM a reasonable time after receipt to make changes.

This agreement is in accordance with the rules and operating procedures of the Mid-America Payment Exchange.

Signature

Date