



DEPARTMENT OF TRANSFORMATION AND SHARED SERVICES
Office of Personnel Management
Bank Details / Direct Deposit Enrollment Form (IT 0009)

Business Area	Agency Name & Number	Effective Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (Last, First, Middle Initial)		Personnel Number
<input type="text"/>		<input type="text"/>

BANK DETAILS (IT 0009)

Transaction Required	Bank Type	Bank Name	Account Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Transit Number	Bank Account Number	Standard Value or Percentage	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Transaction Required	Bank Type	Bank Name	Account Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Transit Number	Bank Account Number	Standard Value or Percentage	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

EMPLOYEE SIGNATURE

Provided I have chosen a direct deposit option, I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to my account(s) indicated above the new amount I am due as if a warrant has been delivered to me for that amount. I also authorize the Financial Institution(s) indicated above to credit the amount(s). Should an incorrect entry be made, ADDS is authorized to initiate debit entries to my account(s) necessary to correct the incorrect credit entries. This authority is to remain in effect until ADDS has received written notification from me of its termination. I understand that by having my payment(s) deposited in this manner, a direct deposit advice notification will be available on-line.

Employee Signature	Date	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

SUBMITTING OFFICE AUTHORIZATION

Agency Official	Signature
<input type="text"/>	<input type="text"/>
Entered By (IF DIFFERENT THAN AGENCY OFFICIAL)	DATE
<input type="text"/>	<input type="text"/>