

**Arkansas State University
Direct Deposit
Authorization for Pay Checks
To Be Deposited Electronically**

Name: _____ Employee ID#: _____

New Account

Change of Account

Cancellation of Account

Checking Savings Amount: \$ _____ Percent: _____%

Bank Name: _____

Routing #: _____ Bank Account #: _____

and/or

Checking Savings Amount: \$ _____ Percent: _____%

Bank Name: _____

Routing #: _____ Bank Account #: _____

Signature _____ Date of Request _____

PLEASE INCLUDE A VOIDED CHECK WITH FORM