UNIVERSITY OF ARKANSAS AT PINE BLUFF

DIRECT DEPOSIT

AUTHORIZATION FORM

SECONDARY

UAPB Payroll Office
Mail Slot 4911 – 1200 N. University
Pine Bluff, AR 71601

PH: (870)575-8403/8404
Rm#: 203 Adm. Bldg.
Fax#: (870)575-4650

(Return this form to the address above, or fax to the Payroll Office)

Please note: ***Direct Deposit is not available for Extra Help or College Workstudy employees.***

Purpose of Authorization:

Purpose for completing this form :(Check One)

☐ New Authorization (Complete A,B,C)

☐ Changes To Existing Authorization (Complete A, B, D)

☐ Cancellation (Complete A & E)

A. Employee Information (Please Print)

Employee Name: _____ Social Security Number

Department: _____Ext._____ | | | | | | | | | |

B. Financial Institution Information: (Check one) Local ☐ Out-of–Town ☐

Name of Banking Institution:		Phone #:
Address:		
City:	State	Zip:

Depositories (check one): ☐ Checking (Attach a Void Check) ☐ Savings Acct #: _____

AMOUNT OF DEPOSIT:$_____ ROUTING # _____

C. New / Secondary Authorization Statement

I authorize and request UAPB to deposit to my account the net amount due from payroll, retirement, or living allowance to the designated bank or financial institution above, by way of electronic direct deposit. I understand that I may terminate this agreement at any time by completing another "Direct Deposit Authorization" and sending it to Payroll Services, allowing a reasonable time for my employer to act upon my request for termination. I also authorize UAPB to initiate such debit entries to said account(s) as may be required to correct any erroneous entries or make necessary adjustments.

_____ _____

Employee Name Date

D. Change to Authorization

I authorize and request the UAPB Payroll Office to make the changes indicated on this form, by me, for automatic deposit of payroll, retirement, or living allowances to my account.

_____ _____

Employee Name Date

E. Cancellation Statement

I request that UAPB terminate my authorized direct deposit of the net amount due from payroll, retirement. or living allowance to my account. I will allow reasonable time for my employer to act upon my request to terminate this agreement.

_____ _____

Employee Name Date