



DEPARTMENT OF FINANCE & ADMINISTRATION  
Office of Personnel Management  
Bank Details / Direct Deposit Enrollment Form (IT 0009)

Business Area	Agency Name & Number	Effective Date
Name (Last, First, Middle Initial)		Personnel Number

BANK DETAILS (IT 0009)

Transaction Required	Bank Type	Bank Name	Account Type
Bank Transit Number	Bank Account Number		Standard Value or Percentage
Transaction Required	Bank Type	Bank Name	Account Type
Bank Transit Number	Bank Account Number		Standard Value or Percentage

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

SUBMITTING OFFICE AUTHORIZATION

Agency Official	Signature
Entered By (IF DIFFERENT THAN AGENCY OFFICIAL)	DATE