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| C:\Users\wlewis\Pictures\UA-color-left-med.png | | | | | | | | | | **Authorization to Deposit Funds**  **University of Arkansas**  **Cooperative Extension Service** | | | | | | | | | | | FINANCE-224  01/17/2019 | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| New Enrollment | |  | | Change | | |  | | Stop | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| I hereby authorize the UA Cooperative Extension Service to deposit my net pay and/or my travel/personal reimbursement funds, and, if necessary to make adjustments for any entries in error to my account(s) indicated below. The Financial Institutions named below are also authorized to make the same entries to my account(s).  **NOTE: Attach a voided blank check for each account to validate account information. You may designate multiple bank accounts in which to deposit your net pay. Designate only one bank account in which to deposit your** **travel/personal reimbursement funds. The bank account in which you deposit your travel/personal reimbursement funds does not have to be one of the bank accounts designated for your net pay.** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Employee Name | | |  | | | | | | | | | | Employee I.D. | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Daytime Phone # | | |  | | | | | | | | | |  | | | | | | | | | |
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| Payroll Authorization | | | | | | | | | | | | | | | | | | | | | | |
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| 1. | Bank Name | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
|  | Bank Routing # | | | | |  | | | | | | Account # | |  | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
|  | State | | | | |  | | Checking  Saving | | | | | |  | | | | % | or | $ | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
| 2. | Bank Name | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
|  | Bank Routing # | | | | |  | | | | | | Account # | |  | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
|  | State | | | | |  | | Checking  Saving | | | | | |  | | | | % | or | $ | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Bank Name | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
|  | Bank Routing # | | | | |  | | | | | | Account # | |  | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
|  | State | | | | |  | | Checking  Saving | | | | | |  | | | | % | or | $ | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
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| Travel/Personal Reimbursement Authorization | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | Bank Name | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
|  | Bank Routing # | | | | |  | | | | | | Account # | |  | | | | | | | | |
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|  | State | | | | |  | | Checking  Saving | | | | | |  | | | |  |  |  | | |
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| This authority is to remain in effect until the UA Cooperative Extension Service has received written notification from me of its termination and has had a reasonable time to act on it. | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | |  | | | | | | | | | |  | | | | | | | |
| Employee’s Signature | | | | |  | | | | | | | | | | Date |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |

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| Send the completed form and a copy of a voided check for each bank account to: | [cash@uaex.edu](mailto:cash@uaex.edu) or  Cash Manager – Financial Services |
|  | 2301 South University Avenue |
|  | Little Rock, AR 72204 |