



**Department of Transformation and Shared Services  
Office of Personnel Management  
Bank Details / Direct Deposit Enrollment Form (IT 0009)**

Business Area Department Name 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**

HR Administrator Signature

Entered By (If different than HR Administrator) Date