



BANK DRAFT AUTHORIZATION



I (we) hereby authorize the Department of Transformation and Shared Services – Employee Benefits Division to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debits in error to our bank account indicated at the financial institution named below (VOIDED CHECK), hereinafter called Depository, to debit and/or credit the same such account.

Retirement

COBRA

Effective Date: _____

Type of Account

Date of Draft

COBRA – all COBRA NSF drafts must be paid by end of month to avoid termination of COBRA health insurance.

Checking
(Require Voided Check)

5th

7th

15th

20th

Savings**

28th (Retirement Only)

****Routing #:** _____

Deduction Amount: \$ _____

****Account #:** _____

Update to current account: \$ _____

This authorization shall remain in effect unless the Employee Benefits Division has received written notification from me (us) of its termination in such time and in such manner as to afford the Employee Benefits Division and Depository a reasonable opportunity to act on it.

Authorized Signer on Account: _____
(Please print name clearly)

Insured's Social Security No: _____
(Authorized Signer) (Date)

Per Arkansas Code S5-37-301, a \$25.00 Return Item Charge fee plus a \$2.00 service fee for bank drafts will be assessed per item returned not paid by the bank.

Enclose a Voided Check for Checking Accounts – must have original check – no copies
(Deposit Slip Cannot Be Used)

Return this authorization to: Employee Benefits Division
PO Box 15610
Little Rock, AR 72231-5610
Entered: _____
Initialed: _____

Employee Benefits Division - ARBenefits

P.O. Box 15610 * Little Rock, AR 72231 * 877.815.1017

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