



University of Arkansas at Monticello
Direct Deposit Authorization Form

Name	UAM ID Number
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Check One: New Enrollment Change Termination

Depositories:

Name of Financial Institution:		Bank Routing/Transit Number _/_/_/_/_/_/_/_/_/_/_/_
City	State	Zip
<input type="checkbox"/> Checking	Account Number _____	Percent or Partial Amount of Net Pay per pay period to be deposited to this account: _____ <small>(If you wish all net pay deposited to this account, enter 100%)</small>
<input type="checkbox"/> Savings	_____	

Name of Financial Institution:		Bank Routing/Transit Number _/_/_/_/_/_/_/_/_/_/_/_
City	State	Zip
<input type="checkbox"/> Checking	Account Number _____	Percent or Partial Amount of Net Pay per pay period to be deposited to this account: _____
<input type="checkbox"/> Savings	_____	

Name of Financial Institution:		Bank Routing/Transit Number _/_/_/_/_/_/_/_/_/_/_/_
City	State	Zip
<input type="checkbox"/> Checking	Account Number _____	Percent or Partial Amount of Net Pay per pay period to be deposited to this account: _____
<input type="checkbox"/> Savings	_____	

I hereby authorize the University of Arkansas at Monticello (UAM) to deposit to my account(s) the above net amount(s). I also authorize UAM to initiate such debit entries to said account(s) as may be required to correct any erroneous entries or make necessary adjustments.

I acknowledge that it is the responsibility of the Receiving Depository Financial Institution to make the necessary arrangements for obtaining its automated clearinghouse information to ensure proper funds are deposited.

I may give notification of account changes, but I must allow UAM a reasonable time after receipt to make changes.

This agreement is in accordance with the rules and operating procedures of the Mid-America Payment Exchange.

Signature

Date