ARKANSAS CORRECTIONAL

SCHOOL

**AUTHORIZATION FOR AUTOMATIC DEPOSIT**

I hereby authorize the Arkansas Correctional School bookkeeper to deposit my payroll check monthly into the account listed below.

I authorize ACS to automatically deposit any travel or incidental submitted for reimbursement to my direct deposit account on file. All travel/incidental reimbursements are paid through Accounts Payable checks which, upon completion of this form will be paid as a direct deposit AP voucher. You will receive a copy of the voucher by email.

This authority is to remain in full force and effect until ACS has received written notification from me of its termination. Such notice must be provided two weeks before the effective date of the cancellation. I recognize that I must notify ACS of any changes in banks or accounts to insure proper and timely deposits to my account.

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Employee Name (Please Print) Signature

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Phone Number Email Address (payment confirmation will be sent)

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Date