

DIRECT DEPOSIT CHANGE FORM

NAME _____

I hereby authorize the Arkansas Correctional School bookkeeper to change my Checking account or Savings account number for my payroll direct deposit effective (date)_____. I understand that this form must be received in the school business office by the 20th day of the month in order for this change to become effective the 1st of the next month.

Attach a voided check. No deposit slips will be accepted.

Signed _____

Date _____