

Form 4
Arkansas Direct Deposit System
General Expense Direct Deposit Authorization Form

Agency Code: 790-

Agency Title: **Arkansas Economic
 Development Commission**

Date: ___/___/___

Grants Manager

Contact Person:

Telephone Number: (501) 682-

CHECK WHERE APPLICABLE:

<input checked="" type="checkbox"/>	New Enrollment. <i>(Complete the entire form and sign.)</i>
<input type="checkbox"/>	Change of present financial information. <i>(Complete the entire form and sign.)</i>
<input type="checkbox"/>	Cancel participation. <i>(Sign the form.)</i>

I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to my account indicated below the net amount I am due as if a warrant had been delivered to me for that amount. I also authorize the financial institution indicated below to credit the net amount to the account. Should an incorrect entry be made, ADDS is authorized to initiate debit entries to my account necessary to correct the incorrect credit entries.

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Checking Account: _____ Savings Account: _____ *(Select One)*

This authority is to remain in full effect until ADDS has received written notification from me of its termination. I understand that by having my payment deposited in this manner, a direct deposit advice notification will be available and that there will be no charge.

Social Security Number: _____ - _____ - _____	Federal ID #: _____ - _____
Vendor Number: _____	Suffix: _____
Grantee Name: _____	

Address: _____

City/State/Zip: _____

Date: _____ Signature: _____

ATTACH A VOIDED CHECK OR PERSONALIZED DEPOSIT SLIP WITH THIS FORM

Agency Use Only

Bank Routing Number	Account Number	Account Type

Form 4- I
Instructions for Completing the
Arkansas Direct Deposit System
General Expense Direct Deposit Authorization Form

Complete only those blanks with an "X" beside them.

- Bank Name:** Enter the name of the bank **authorized and able** to accept direct deposits for the project.
- City/State/Zip:** Enter the city, state and zip code of the bank.
- Name (In Box):** Enter the name of the Grantee.
- Address:** Enter the complete address of the Grantee.
- Date and Signature:** The Grantee's Chief Executive Officer must sign and date the form.

W-9 Form

- Name:** Identify the Grantee as "City of _____"
or "_____ County"
- Address:** Enter the complete address of the City or County.
- Part I (Taxpayer ID No.):** Enter the nine-digit city or county tax identification number. The City Clerk or County Treasurer will know this number.
- Date and Signature:** The Grantee's Chief Executive Officer must sign and date the form.