



# CHANGE TO BANK DRAFT AUTHORIZATION

Select One: Retirement COBRA

## PREVIOUS ACCOUNT INFORMATION

<u>Type of Account</u>		<u>Date of Draft</u>				
Checking	Savings	5th	7th	15th	20th	28th (Retirement only)

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

## NEW ACCOUNT INFORMATION

<u>Type of Account</u>		<u>Date of Draft</u>				
Checking (requires voided check)	Savings	5th	7th	15th	20th	28th (Retirement only)

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Authorized Signer Signature: \_\_\_\_\_  
(Authorized Signer) (Date)

Member ID #: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

**Per Arkansas Code Ann. §5-37-301, 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.**

**MAIL FORM AND ACCOMPANYING DOCUMENTS TO:**  
Department of Shared Administrative Services - Employee Benefits Division  
PO Box 15610, Little Rock, AR 72231-5610 - FAX: 501-682-1200