

**UNIVERSITY OF ARKANSAS, FAYETTEVILLE**  
**Electronic Payment Authorization Form**

Employee Name \_\_\_\_\_ UARK ID \_\_\_\_\_

New Set Up  Change to Current Set Up

Home or Work Phone \_\_\_\_\_

Department \_\_\_\_\_

I hereby authorize the University of Arkansas to deposit my net pay and, if necessary, to make adjustments for any entries in error to my accounts(s) indicated below. The authorization will remain in effect until I have given the University of Arkansas notification of changes. I understand that if I am not paid for at least 60 days, my electronic payment will be suspended for one pay day, giving me time to confirm my information with payroll. The University of Arkansas is not responsible for the accuracy of the information provided and inaccurate information will delay the implementation of the electronic payment.

If I am currently set-up to receive personal or travel reimbursements or travel advances from the University, those funds will be electronically deposited. Indicate which bank you want for the vendor bank by circling the bank priority number. If no choice is indicated, the funds will be deposited into your "remainder" bank account.

**If you are making a change, remember you must allocate all of your proceeds; do not just put down the change you would like to make.**

**Priority** – Your pay can be disbursed to up to 6 different accounts even if they are with different financial institutions.

You must **attach a voided blank check or form from your financial institution for each account listed** to validate the 9 digit routing number and account number. (Only if you are adding a new bank or changing an account number)

**Dollar and Percent Allocation** – Write in the amount or percentage you would like to go into each account, only a dollar or percent can be indicated for each account. If you split it into more than one account, the last account should always be an **R**, it will receive the **Remainder** of your net pay. **Any overtime/supplemental payment will be deposited to the account with the R indicator.**

Banking Priority	Bank Name	Account Number	C=Checking S=Savings	Dollar Allocation	Percent Allocation
1					
2					
3					
4					

**For Payroll Use Only**

Pay Card Account number from envelope window \_\_\_\_\_ Routing number \_\_\_\_\_

**[Only fill out the following information if choosing the Pay Card Option]**

Date of Birth \_\_\_\_\_ Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Address where personalized card will be mailed (must be a physical address – no PO Boxes)

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I wish to receive my earning statements prior to payday by email \_\_\_\_\_  
Email address

Signature: \_\_\_\_\_ Date: \_\_\_\_\_