

**ARKANSAS DEPARTMENT OF TRANSPORTATION  
ACH AUTHORIZATION FORM**

**Part I: ACH Information**

A. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

B. Payee Information

Name:

Address:

Phone Number:

Email Address:

C. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

9-Digit Routing/Transit Number (ABA):

Type of Account:

D. Change in Banking Information (Complete all fields in Parts B and C, in addition to this part, for a change in banking info.)

Old Bank Name:

Old 9-Digit Routing Number:

Old Account Number:

*Please see the next page for a full list of required documentation for ACH authorization.*

**If you have questions, please contact ARDOT Fiscal Services at (501) 569-2500**

**ARKANSAS DEPARTMENT OF TRANSPORTATION**  
**ACH AUTHORIZATION FORM**  
**ADDS Requirements to Set-up or Change Banking Information**

To minimize fraudulent activity, ARDOT has implemented new procedures regarding setting up or changing Direct Deposit Bank Information for suppliers/contractors.

Required Documentation for ACH Authorization:
<ul style="list-style-type: none"> <li>• Forms 30-165 and 30-175</li> <li>• Current W-9</li> <li>• <b>Original VOIDED check <u>OR</u> letter from your bank confirming the routing and account number</b></li> </ul>

ARDOT must receive original, signed ACH Authorization form before issuing payments via ACH. Please send hard copies of required documents using one of the following methods:

UPS or FedEx  
 ATTN: Fiscal Services  
 10324 Interstate 30  
 Little Rock, AR 72209

USPS  
 ATTN: Fiscal Services  
 PO Box 2261  
 Little Rock, AR 72203

**Part II: Certification Paragraph and Signature**

***(Must be signed by an officer of organization.)***

I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to the account indicated above 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 above to credit the net amount to the account. Should an incorrect entry be made, ADDS is authorized to initiate debit entries to the account necessary to correct the incorrect entry. This authority is to remain in full effect until ADDS has received written notification from me of its termination.

Additionally, I certify that only the named individuals below are authorized to make changes to our ACH banking information:

Name	Title	Email or Phone No.

\_\_\_\_\_

Signature
Title
Date