STATE OF ARKANSAS
Department of Finance and Administration

EBD
Employee Benefits Division
Post Office Box 15610
Little Rock, AR 72231-5610

Phone: (501) 682-9656 Toll Free: (877) 815-1017 Fax: (501) 682-1168 www.ARBenefits.org

Bank Draft Authorization

I (we) hereby authorize the Department of Finance and Administration – Employee Benefits Division to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debits in error to our bank account indicated below at the financial institution named below, hereinafter called Depository, to debit and/or credit the same such account. Date of draft: 7th of the month.

Depository Name: _____

Address: _____

_____

Routing Number: _____ Type of Account: ❒ Checking ❒ Savings

Total amount to be deducted monthly: _____

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.

Authorization Signer on Account: _____
(Please print name clearly)

Insured's Social Security No.: _____

Signature: _____ _____
(Authorized Signer) (Date)

Per Arkansas Code §5-37-301, a $25.00 Return Item Charge fee plus a $3.50 service fee for bank drafts will be assessed per item returned not paid from the bank.

Attach A Voided Check Here
(Deposit Slip Cannot Be Used)

Return this authorization to:
Employee Benefits Division
P.O. Box 15610
Little Rock, AR 72231-5610