

**ARKANSAS STATE TREASURY  
ACH TRANSACTION AUTHORIZATION  
Local Government Services**

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County/City Name	Federal ID Number

I hereby authorize the Arkansas State Treasury to initiate electronic debit and credit transactions via the Arkansas Direct Deposit System (ADDS) to the below referenced account for of the net amount I am due, as if a warrant had been delivered to me for that amount and authorize the Financial Institution listed below to credit my account. I further authorize Arkansas State Treasury to initiate a debit entry to my account if necessary to correct any incorrect credit entry.

Financial Institution: \_\_\_\_\_

ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking:

Savings:

Please provide a contact name, mailing address and phone number for our records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED BY:

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date

**Please return to:**

**Arkansas State Treasury  
Local Government Services  
Room 220, State Capitol Building  
Little Rock, AR 72201**