



1001 E Sain St • Fayetteville Arkansas 72703

Electronic Payment Card Authorization Form

Employee Name _____ UARK ID _____

The preferred method of enrolling in direct deposit is utilizing the employee self-service in Workday. Please make sure you are signed into the on-campus network or if working remote using Global Protect VPN. If it is necessary to complete a paper form, documentation is required for processing. If using Workday services, no documentation is required.

I hereby authorize University of Arkansas to electronically credit my bank account (and, if necessary, electronically debit my account to correct erroneous credits). I understand that this authorization will remain in full force and effect until I notify University of Arkansas via email that I wish to revoke this authorization. I understand that University of Arkansas requires at least 7 business days prior notice in order to cancel this authorization. I understand that if, for any reason, I am overpaid by the institution, either through the institution's error or my own error, or if I misappropriated funds or property belonging to the institution, I will be required to repay the institution. I further understand that the institution may deduct said overpayment from my future earnings.

Pay Card Account number from envelope window _____ Routing number _____

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 understand I may view my pay slips by signing into Workday and viewing My Pay.

Signature:

Date: