

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

State of Louisiana

Reimbursement Account Employee Direct Deposit Authorization Form

STEPS FOR COMPLETING THIS FORM

1. Fill in all boxes below.
2. Attach voided check (not deposit slip).
3. Sign and date form.

Last Name _____ MI _____ First Name _____

Social Security Number _____ Work Phone _____

Email Address _____

Acct. Type _____

Month _____ Day _____ Year _____ Checking or Savings _____

Routing Transit Number
(All nine boxes must be filled.)

Account Number
(Include hyphens, but not spaces and special symbols)

-----ATTACH A VOIDED CHECK HERE. -----

DO NOT attach a Deposit Slip because deposit slips do not show the necessary information.

Joan Doe Anywhere, USA	
PAY TO THE ORDER OF _____	\$ _____
_____	DOLLARS
YOUR TOWN BANK YOUR TOWN, AR 123456	
FOR _____	VOID
%025550005% 123456789022†	

By signing this agreement, I authorize DPAS to initiate credit entries to the Account(s) indicated above for the purpose of reimbursements from my Account(s) and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature: _____ Date: _____

Please Fax form: 1-888-472-6777

Email to info@idpas.com , Or mail to:

DataPath Administrative Services

1601 Westpark Drive Suite 9

Little Rock, AR 72204