



ARKANSAS DEPARTMENT OF EDUCATION

Office of Educator Effectiveness Direct Deposit Form

Please complete this form if you would like direct deposit of your National Board payments from the ADE Office of Educator Effectiveness.

Please complete the fields below and a W9 form (Request for Tax Payer Identification Number and Certification Form). You must include a **VOIDED** check. If you do not have a check, a statement from your bank on bank letterhead will be required. You may scan and email, fax or regular mail all necessary forms and the voided check to the following email or land address or fax number.

ADE - OEE/Licensure Division
ATTN: Vanessa Holt
#4 Capitol Mall, Room 103B
Little Rock, AR 72201
vanessa.holt@arkansas.gov
501-371-1580 Fax 501-682-5118

CONTACT INFORMATION

Vendor Name _____ Address _____
(must match W9 Form)
City _____ State _____
Zip Code _____ Email Address _____
Phone Number _____ (this information is for contact information only)

DIRECT DEPOSIT INFORMATION - PLEASE SUBMIT COPY of VOIDED CHECK.

Action Required: (Please circle only one)	Start Direct Deposit	Change Direct Deposit	Cancel Direct Deposit
Bank Name	_____		
Bank Routing # (9 Digits)	_____		Account # _____
(ATTACH A VOIDED CHECK. The voided check must be preprinted with the bank account #, routing #, and the name of the vendor.)			
Account Holder	_____		Signature _____
(List Bank Acct. holder, if different from Vendor)			

Information provided will be stored in a "confidential" file.

FOR OFFICE USE ONLY

VID # _____
System Check _____
Email Date _____