



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 mail this form and a W9 / Request for Tax Payer Identification Number and Certification Form along with a copy of your **VOIDED** check. If you do not have a check, a statement from your bank on bank letterhead will be required. Please do not email the form. Please send all necessary forms to the following address:

ADE - Office of Educator Effectiveness

ATTN: Vanessa Holt

#4 Capitol Mall, Room 107B

Little Rock, AR 72201

Contact Information:

501-371-1580 Fax 501-682-5118

CONTACT INFORMATION

Vendor Name _____ **Address** _____
(must match W9 Form)

City _____ **State** _____

Zip Code _____ **Email Address** _____
(this information is for contact information only)

Phone Number _____

DIRECT DEPOSIT INFORMATION - PLEASE SUBMIT COPY of VOIDED CHECK.

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

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

FOR OFFICE USE ONLY

VID # _____

System Check _____

Email Date _____