

AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAY

(Please print or type all information)

EMPLOYEE INFORMATION

DEPARTMENT ID	EMPLOYEE ID	SSN	NAME (Last First MI)

SECTION A ENROLLMENT OR CHANGE AUTHORIZATION

(Complete this section for new enrollment, and financial institution or account changes) An employee may select up to a maximum of ten accounts within six financial institutions The employee should complete additional pages of the authorization form as needed

CHECK IF ADDITIONAL PAGES ARE ATTACHED

SELECT ONE	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Account Change	EFFECTIVE DATE	
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FINANCIAL INSTITUTION INFORMATION

NAME				BRANCH			
CITY				STATE		ZIP	

ACCOUNT DISTRIBUTION DATA

PRIORITY #		<input type="radio"/> Excess	<input type="radio"/> Partial Allowed	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Issue Check	<input type="radio"/> Prenote Required
TRANSIT #					
ACCOUNT #					
% NET PAY/AMOUNT					

FINANCIAL INSTITUTION INFORMATION

NAME				BRANCH			
CITY				STATE		ZIP	

ACCOUNT DISTRIBUTION DATA

PRIORITY #		<input type="radio"/> Excess	<input type="radio"/> Partial Allowed	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Issue Check	<input type="radio"/> Prenote Required
TRANSIT #					
ACCOUNT #					
% NET PAY/AMOUNT					

I authorize the State of Kansas to initiate accounting transactions to deposit my employee pay directly to the account(s) indicated above and to correct any errors which may occur from these transactions I also authorize the Financial Institution to post these transactions to these accounts This authorization is to remain in force until the State of Kansas receives written notice from me to cancel or change this authorization

EMPLOYEE SIGNATURE _____

DATE

SECTION B CANCELLATION

(Complete this section to cancel the Direct Deposit Authorization)

EFFECTIVE DATE	
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I hereby cancel the authorization for the State of Kansas to originate direct deposit entries to my checking/savings account(s)

Copies White = Agency Yellow = Employee

EMPLOYEE SIGNATURE _____

DATE