

Employee's Name _____

Employee ID Number _____

Direct Deposit Authorization of Employee Pay

I authorize the State of Kansas to initiate accounting transactions to deposit my employee pay directly to the account(s) indicated below 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. After 6 months from termination of employment, this authorization will expire.

PRIMARY ACCOUNT

Your Bank Information:

Routing Number

Bank Name

Distribution Instructions:

Account Number

Account Type

Deposit Type

Amount or Percent

Deposit Order

SECONDARY ACCOUNT (If applicable)

Your Bank Information:

Routing Number

Bank Name

Distribution Instructions:

Account Number

Account Type

Deposit Type

Amount or Percent

Deposit Order

Employee Signature

Date