

Direct Deposit Authorization of Employee Pay

Employee's Name _____

Employee ID Number _____

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	<input style="width: 90%;" type="text"/>
Bank Name	<input style="width: 90%;" type="text"/>
Distribution Instructions:	
Account Number	<input style="width: 90%;" type="text"/>
Account Type	<input style="width: 80%;" type="text"/>
Deposit Type	<input style="width: 80%;" type="text"/>
Amount or Percent	<input style="width: 60%;" type="text"/>
Deposit Order	<input style="width: 30%;" type="text"/>

SECOND ACCOUNT	
Your Bank Information:	
Routing Number	<input style="width: 90%;" type="text"/>
Bank Name	<input style="width: 90%;" type="text"/>
Distribution Instructions:	
Account Number	<input style="width: 90%;" type="text"/>
Account Type	<input style="width: 80%;" type="text"/>
Deposit Type	<input style="width: 80%;" type="text"/>
Amount or Percent	<input style="width: 60%;" type="text"/>
Deposit Order	<input style="width: 30%;" type="text"/>

Employee Signature

Date

Certification

I, the undersigned, certify I have verified the employee is the requestor of the change of information and the information is true and correct.

Signature: _____ Date: _____

Print Name: _____ Department: _____

Method of Verification: State Issued Driver's License/ID KU ID Passport

Other (please describe) _____

Bank documentation attached: Y / N