

SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION (CONTINUED)

FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH			
STATE		ZIP	

ACCOUNT DISTRIBUTION DATA:

PRIORITY #		<input type="radio"/> BALANCE
TRANSIT #		
ACCOUNT #		
% NET PAY/AMOUNT		

<input type="radio"/> Checking
<input type="radio"/> Savings
<input type="radio"/> Issue Check

<input type="checkbox"/> Prenote Required

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<input type="radio"/> Checking
<input type="radio"/> Savings
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<input type="radio"/> Checking
<input type="radio"/> Savings
<input type="radio"/> Issue Check

<input type="checkbox"/> Prenote Required

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 an 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

AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAY

(Please print or type all information)

EMPLOYEE INFORMATION

DEPARTMENT ID	EMPLOYEE ID	NAME (Last, First, MI)

SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION

(Complete this section for new enrollments, financial institution or account changes.) An employee may select up to a maximum of nine accounts. The employee should complete additional pages of the authorization form as needed.

CHECK IF ADDITIONAL PAGES ARE ATTACHED

SELECT ONE: New Enrollment Account Change

EFFECTIVE DATE	
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ACCOUNT #		
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<input type="radio"/> Checking	<input type="checkbox"/> Prenote Required
<input type="radio"/> Savings	
<input type="radio"/> Issue Check	

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).

 EMPLOYEE SIGNATURE _____
 DATE

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