

AUTHORIZATION FOR DIRECT DEPOSIT OF FACULTY PAY

EMPLOYEE INFORMATION

Department	Employee ID	SSN (last 4 digits)	NAME (Last, First, MI)

ENROLLMENT OR CHANGE AUTHORIZATION

Select One: New Enrollment Account Change Effective Date _____

Financial Institution Information: (Please check one)

- Commerce Bank Lawrence Transit # 101000019
P.O. Box 788
Lawrence, KS 66044

- US Bank Transit # 101000187
P.O. Box 428
Lawrence, KS 66044

- Douglas County Bank Transit #101114646
P.O. Box 429
300 West Ninth
Lawrence, KS 66044

- INTRUST Bank Transit #101100029
901 Vermont
Lawrence, KS 66044

Account Distribution Data:

Account # _____	Checking <input type="radio"/>	Savings <input type="radio"/>	
% of Net Pay: 25%		<input type="checkbox"/> Prenote Required	
Account # _____	Checking <input type="radio"/>	Savings <input type="radio"/>	
% of Net Pay: 75%		<input type="checkbox"/> Prenote Required	

I authorize the University of Kansas and State of Kansas to initiate accounting transactions to deposit my employee pay directly to the accounts indicated above and to correct any errors which may occur from these transactions. I authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force during the duration of the 9-month academic year or until the University of Kansas receive written notice from me to cancel or change this authorization.

Employee Signature Date

CANCELLATION

Effective Date _____

(Complete this section to cancel the Direct Deposit Authorization)

I hereby cancel the authorization for the University of Kansas and State of Kansas to originate direct deposit entries to my checking/savings accounts.

Employee Signature Date

**Please return this signed and completed form to the KU Payroll Office, Room 149, Carruth O'leary Hall
The form must also be accompanied by blank check or bank document showing bank and account information.**