

Direct Deposit Authorization of Employee Pay

UNIVERSITY OF KANSAS

EMPLOYEE INFORMATION

Employee ID	SSN	NAME (Last, First, MI)

Select One: Student Classified Unclassified

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.

<input type="text"/>	Effective Date	Name:	<input type="text"/>
<input type="checkbox"/> Checking		Branch Address:	<input type="text"/>
<input type="checkbox"/> Savings		City, State, Zip:	<input type="text"/>
		Transit #:	<input type="text"/>
		Account #:	<input type="text"/>
Primary account		Flat Amount or % of Net Pay	<input type="text"/>
			(100% if only one account is used)

<input type="text"/>	Effective Date	Name:	<input type="text"/>
<input type="checkbox"/> Checking		Branch Address:	<input type="text"/>
<input type="checkbox"/> Savings		City, State, Zip:	<input type="text"/>
		Transit #:	<input type="text"/>
		Account #:	<input type="text"/>
		Flat Amount or % of Net Pay	<input type="text"/>
			(Account percentages must add to 100)

<input type="text"/>	Effective Date	Name:	<input type="text"/>
<input type="checkbox"/> Checking		Branch Address:	<input type="text"/>
<input type="checkbox"/> Savings		City, State, Zip:	<input type="text"/>
		Transit #:	<input type="text"/>
		Account #:	<input type="text"/>
		Flat Amount or % of Net Pay	<input type="text"/>
			(Account percentages must add to 100)

<input type="text"/>	<input type="text"/>
Employee Signature	Date

Section B: Cancellation

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

<input type="text"/>	<input type="text"/>
Employee Signature	Date

*Please return this signed and completed form to the KU Payroll Office, Room 147, Carruth O'Leary Hall
1246 West Campus Road, Lawrence, Kansas 66045-7505* (Rev 09/18/07)