

AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAYROLL AND/OR
EMPLOYEE TRAVEL AND EXPENSE REIMBURSEMENT

EMPLOYEE INFORMATION

DEPARTMENT NAME	EMPLOYEE ID	Last four numbers of SSN	NAME (Last, First, MI)
		XXXX-XX-	

SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION:

You may select up to a maximum of nine accounts within six financial institutions for electronic funds transfer (EFT) for payroll funds **and only one** account for the travel and expense. You should complete additional pages of this form, as needed.

SELECT ONE	<input type="checkbox"/> New Enrollment → Select One	<input type="checkbox"/> EFT → Complete Section B and C	<input type="checkbox"/> Skylight Paycard → Complete Section C only
	<input type="checkbox"/> Account Change		

SELECT ONE OR BOTH	<input type="checkbox"/> Payroll	<input type="checkbox"/> Travel and Expense	EFFECTIVE DATE	
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SECTION B: Form must be accompanied by a voided check for checking accounts or deposit slip for savings accounts for EACH account.

FINANCIAL INSTITUTION INFORMATION

NAME		BRANCH	
CITY		STATE	ZIP

ACCOUNT DISTRIBUTION DATA:

PRIORITY #	
TRANSIT #	
ACCOUNT #	
% NET PAY/AMOUNT	

MARK THE APPROPRIATE BOXES BELOW:

- Checking Savings
- International ACH Bank – mark this if deposit to this account may be transferred to a financial agency outside the U.S.
- Use this account for my travel and expense reimbursements

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SECTION C

I understand that if no travel and expense reimbursement account is selected, the priority#1 account will be the account my travel and expense reimbursement will be deposited into. I authorize the State of Kansas 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 change this authorization.

EMPLOYEE SIGNATURE

DATE