

REQUIRED: Attach voided check here.



**FORT HAYS STATE
UNIVERSITY**

Student Payroll Distribution by Direct Deposit

Fort Hays State University
Student Employment Office
Custer Hall Third Floor
600 Park Street
Hays, KS 67601
Phone: 785-628-5227
FAX: 785-628-4014

Authorization for Direct Deposit of Student Employee Pay

(Please print or type all information)

EMPLOYEE INFORMATION

DEPARTMENT ID	EMPLOYEE ID	SSN	NAME (Last, First, MI)
246-00	N.A.		

SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION

(Complete this section for new enrollments, financial institution or account changes.)

SELECT ONE: New Enrollment Account Change

EFFECTIVE DATE	
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FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH			
STATE		ZIP	

ACCOUNT DISTRIBUTION DATA

ACTION	<input type="radio"/> Add Account	<input type="radio"/> Change Account	<input type="radio"/> Cancel Account
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ACCT TYPE	<input type="radio"/> Checking
	<input type="radio"/> Savings

TRANSIT #	
ACCOUNT #	

% NET PAY	
100	

I authorize the State of Kansas to initiate accounting transactions to deposit my employee pay directly to the account indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to the account. This authorization is voluntary, may be canceled or modified at any time, and is to remain in force until the State of Kansas receives written notice from me to cancel or change this authorization.

Employee Day Time Phone Number

Employee Email Address

EMPLOYEE SIGNATURE

DATE

*****Contact the Student Employment Office at 628-5227 immediately if you cancel or change an account*****

*****You may fax this completed form and voided check or deposit slip to Student Employment Office at 628-4014 *****

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.

EMPLOYEE SIGNATURE

DATE