

(Attach voided check here)



**FORT HAYS STATE
UNIVERSITY**

Forward thinking. World ready.

Contact the Personnel Office
immediately if you change or
cancel an account.
(785) 628-4462

Authorization for Direct Deposit of Employee Pay and Travel/Expense Reimbursements

Please print or type all information

EMPLOYEE INFORMATION

DEPARTMENT ID	EMPLOYEE ID	SSN (Last 4 digits)	NAME (Last, First, MI)
246-00			

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

FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH			
STATE		ZIP	

ACCOUNT DISTRIBUTION DATA

ACCT TYPE	<input type="checkbox"/> Checking
	<input type="checkbox"/> Savings

TRANSIT #	
ACCOUNT #	

% NET PAY
100

International ACH Bank ☐ If the direct deposit may result in the transfer of funds to a financial agency outside the U.S., please check the 'International ACH Bank' box.

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 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

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

EMPLOYEE SIGNATURE

DATE