

## AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAYROLL

### EMPLOYEE INFORMATION

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

### ENROLLMENT OR CHANGE AUTHORIZATION:

You may select up to a maximum of nine accounts for payroll funds. **Any travel and expense payments will automatically be deposited to the "Remaining Balance" account.** You should complete additional pages of authorization form, as needed.

SELECT ONE	New Enrollment	Account Change	Paycard	EFFECTIVE DATE	
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### 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.

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As a new employee, I understand that if only one account is listed above the entire amount of my pay will be deposited to the priority#1 account and will be the account my travel and expense reimbursement will be deposited into. As a continuing employee, if multiple accounts are listed, the **Remaining Balance Account will be used automatically for any travel and expense reimbursement.** 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 or I change it in HRIS Employee Self-Service.

\_\_\_\_\_

**EMPLOYEE SIGNATURE**

\_\_\_\_\_

**DATE**

**Form must be accompanied by proof of account: voided check, deposit slip, bank direct deposit authorization form or other approved documents for EACH account listed.**

I verify that I have reviewed the information and documentation for accuracy:

\_\_\_\_\_

**LIAISON SIGNATURE**

Liaison Printed Name: \_\_\_\_\_ Liaison Contact info: \_\_\_\_\_

*This form is to be completed by the Employee AND Department HR Liaison. The Department Liaison is to securely submit the form to [hrimaging@ksu.edu](mailto:hrimaging@ksu.edu) OR hand deliver the completed Authorization for Direct Deposit of Employee Payroll Form (PER-58) to Human Resources at 111 Dykstra Hall, 1628 Claflin Rd, Manhattan, KS 66506.*