

# KANSAS STATE UNIVERSITY

PER-58  
(12/2007)

## AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAY

(Please print or type all information)

### EMPLOYEE INFORMATION

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

### SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION

(Complete this section for new enrollment, and financial institution or account changes.) An employee may select up to a maximum of ten accounts within six financial institutions. The employee should complete additional pages of the authorization form, as needed.

CHECK IF ADDITIONAL PAGES ARE ATTACHED.

SELECT ONE	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Account Change	EFFECTIVE DATE	
------------	---	----------------	--

### FINANCIAL INSTITUTION INFORMATION

NAME		BRANCH	
CITY		STATE	ZIP

### ACCOUNT DISTRIBUTION DATA:

PRIORITY #		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
TRANSIT #		
ACCOUNT #		
% NET PAY/AMOUNT		

### FINANCIAL INSTITUTION INFORMATION

NAME		BRANCH	
CITY		STATE	ZIP

### ACCOUNT DISTRIBUTION DATA:

PRIORITY #		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
TRANSIT #		
ACCOUNT #		
% NET PAY/AMOUNT		

I authorize the State of Kansas to initiate accounting transactions 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 cancel or change this authorization. \*Employee Notification - Required SSN Disclosure: Used for tax withholding, record keeping, and government reporting. Solicited per K.S.A. 76-725.

**Form must be accompanied by a voided check blank for checking accounts or deposit slip for savings accounts for EACH account listed.**

\_\_\_\_\_  
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(s).

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION (*CONTINUED*)

FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH			
STATE		ZIP	

ACCOUNT DISTRIBUTION DATA:

PRIORITY #	
TRANSIT #	
ACCOUNT #	
% NET PAY/AMOUNT	

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

FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH			
STATE		ZIP	

ACCOUNT DISTRIBUTION DATA:

PRIORITY #	
TRANSIT #	
ACCOUNT #	
% NET PAY/AMOUNT	

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

FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH			
STATE		ZIP	

ACCOUNT DISTRIBUTION DATA:

PRIORITY #	
TRANSIT #	
ACCOUNT #	
% NET PAY/AMOUNT	

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

I authorize the State of Kansas to initiate accounting transactions 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 cancel or change this authorization.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE