

**AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAY
 AND/OR EMPLOYEE TRAVEL**
 (Please print or type all information)

EMPLOYEE INFORMATION

DEPARTMENT ID	EMPLOYEE ID	NAME (Last, First, MI)

SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION

(Complete this section for new enrollments, financial institution or account changes.) An employee may select up to a maximum of one account for SMART and a maximum of nine accounts for SHARP. The employee should complete additional pages of the authorization form as needed. If the direct deposit may result in the transfer of funds to a financial agency outside the U.S., the 'International ACH Bank' checkbox should be turned 'on'.

CHECK IF ADDITIONAL PAGES ARE ATTACHED

SELECT ONE: New Enrollment Account Change EFFECTIVE DATE

SELECT ONE OR BOTH SHARP SMART Travel and Expense (mark ONLY one account in the Use for SMART box)

FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH	
STATE	
	ZIP

ACCOUNT DISTRIBUTION DATA:

PRIORITY #		<input type="radio"/> BALANCE
TRANSIT #		
ACCOUNT #		
% NET PAY/AMOUNT*		

<input type="radio"/> Checking	<input type="checkbox"/> International ACH Bank
<input type="radio"/> Savings	<input type="checkbox"/> Use for SMART
<input type="checkbox"/> Cancel for SMART	<input type="checkbox"/> Cancel for SHARP

FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH	
STATE	
	ZIP

ACCOUNT DISTRIBUTION DATA:

PRIORITY #		<input type="radio"/> BALANCE
TRANSIT #		
ACCOUNT #		
% NET PAY/AMOUNT*		

<input type="radio"/> Checking	<input type="checkbox"/> International ACH Bank
<input type="radio"/> Savings	<input type="checkbox"/> Use for SMART
<input type="checkbox"/> Cancel for SMART	<input type="checkbox"/> Cancel for SHARP

I authorize the State of Kansas to initiate accounting transactions to deposit my employee pay and/or travel related payment 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.

* SHARP only

_____ EMPLOYEE SIGNATURE

_____ DATE

SECTION B: CANCELLATION

(Complete this section to cancel the Direct Deposit Authorization)
 (See your payroll section for Skycard information)

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(s).

_____ EMPLOYEE SIGNATURE

_____ DATE

SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION (CONTINUED)

FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH			
STATE		ZIP	

ACCOUNT DISTRIBUTION DATA:

PRIORITY #		<input type="radio"/> BALANCE
TRANSIT #		
ACCOUNT #		
% NET PAY/AMOUNT*		

<input type="radio"/> Checking	<input type="checkbox"/> International ACH Bank
<input type="radio"/> Savings	<input type="checkbox"/> Use for SMART
<input type="checkbox"/> Cancel for SMART	<input type="checkbox"/> Cancel for SHARP

FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH			
STATE		ZIP	

ACCOUNT DISTRIBUTION DATA:

PRIORITY #		<input type="radio"/> BALANCE
TRANSIT #		
ACCOUNT #		
% NET PAY/AMOUNT*		

<input type="radio"/> Checking	<input type="checkbox"/> International ACH Bank
<input type="radio"/> Savings	<input type="checkbox"/> Use for SMART
<input type="checkbox"/> Cancel for SMART	<input type="checkbox"/> Cancel for SHARP

FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH			
STATE		ZIP	

ACCOUNT DISTRIBUTION DATA:

PRIORITY #		<input type="radio"/> BALANCE
TRANSIT #		
ACCOUNT #		
% NET PAY/AMOUNT*		

<input type="radio"/> Checking	<input type="checkbox"/> International ACH Bank
<input type="radio"/> Savings	<input type="checkbox"/> Use for SMART
<input type="checkbox"/> Cancel for SMART	<input type="checkbox"/> Cancel for SHARP

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*SHARP only

 EMPLOYEE SIGNATURE

 DATE