



**KCTCS**  
**Authorization Agreement for Direct Deposit**

As an employee of KCTCS, please take advantage of the convenience and security of having your pay automatically deposited in your personal bank account. By having your pay automatically deposited you can ....

- Eliminate trips or mailings to the bank to deposit paychecks.
- Be assured your pay will be deposited on payday even when you are on vacation or out of town.
- Eliminate the danger of lost or stolen checks.

**It will take 1- 2 paychecks for direct deposit to take effect. During the interim, you should pick up a paycheck/paycard from your local payroll office.**

Direct deposit service is available to you as long as your bank is a member of the National Automated Clearing House Association (NACHA). Your bank or credit union should be able to verify their membership in the NACHA. Obtaining the benefits of direct deposit services takes only three steps:

1. Complete the authorization agreement as listed below.
2. **ATTACH A VOIDED CHECK FOR ALL ACCOUNTS YOU SELECT.** Contact your local payroll office if you do not have a void check.
3. Forward this agreement to your local payroll department representative.

Employee Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Action (check one) New Enrollment \_\_\_\_ Change in Accounts \_\_\_\_\_ Stop Direct Deposit \_\_\_\_\_

Direct Deposit # 1 Bank Name/Address \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Savings \_\_\_\_or Checking \_\_\_\_ (check one) Percent of pay \_\_\_\_\_ OR Dollar amount \_\_\_\_\_

Action (check one) New Enrollment \_\_\_\_ Change in Accounts \_\_\_\_\_ Stop Direct Deposit \_\_\_\_\_

Direct Deposit # 2 Bank Name/Address \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Savings \_\_\_\_or Checking \_\_\_\_ (check one) Percent of pay \_\_\_\_\_ OR Dollar amount \_\_\_\_\_

I hereby authorize KCTCS to deposit my net pay (or specific dollar amount) to my account at the financial institution indicated above. I also authorize withdrawal transactions from my account in the event of an overpayment or erroneous deposit.

\_\_\_\_\_  
Employee Signature Required Date

**FOR ADDITIONAL ACCOUNTS PLEASE USE A SEPARATE FORM  
PLEASE READ THE DIRECTIONS ON HOW TO COMPLETE THE DIRECT DEPOSIT FORM**