

SOUTHEAST KANSAS RESPITE SERVICES, INC.

AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

EMPLOYEE NAME: _____ DATE: _____

Check Applicable Line:

_____ NEW ENROLLMENT

_____ CHANGE OF PRESENT FINANCIAL INSTITUTION &/OR ACCOUNT #

(changes need to be reported 15 Days prior to next payroll, due to the time required for payroll and bank processing)

NAME OF BANK _____

CITY _____ STATE _____ ZIP _____

ACCOUNT TYPE (circle one): CHECKING SAVINGS

BANK ROUTING # _____ ACCOUNT # _____

I authorize Southeast Kansas Respite Services, Inc. (SEKRS) to send credit entries (and appropriate debt and adjustments entries), electronically to my account indicated above. I authorize my financial institution holding the account to post all such entries. This authorization will be in effect until Southeast Kansas Respite Services, Inc. (SEKRS) receives a written notification from me of its termination and in such manner as to afford Southeast Kansas Respite Services, Inc., a reasonable opportunity to act on it.

Signature: _____

Social Security # _____

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE

VOIDED CHECK or DEPOSIT SLIP HERE