

# **SOUTHEAST KANSAS RESPITE SERVICES, INC.**

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## **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)

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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