

KOOTENAI TECHNICAL EDUCATIONAL CAMPUS DIRECT DEPOSIT AUTHORIZATION FORM

****PLEASE READ & FOLLOW THESE INSTRUCTIONS****

Employee Name _____

TO SET UP DIRECT DEPOSIT YOU MUST:

- Find out if your institution accepts direct deposits. Verify the transit number and your account number.
- Notify your financial institution that you are setting up a direct deposit through payroll and determine if they have special requirements.
- Fill out this form completely and attach a voided check.

I hereby authorize KTEC to:

_____ Start depositing my net pay, per pay check, as indicated below

_____ Change my current net pay option as indicated below

_____ Cancel my current net pay option

Only one deposit can be made. Please choose one.

_____ Deposit my net pay into my Checking Account

_____ Deposit my net pay into my Savings Account

Financial Institution Name _____

Financial Institution Address _____

Routing/Transit Number _____

Personal Account Number _____

I hereby authorize my employer and the financial institution to electronically deposit my pay into my designated account and to correct my account for any amounts deposited to it to which I am not entitled. This authority is to remain in effect until I submit a new authorization form. I understand that a four (4) week time period is needed to implement this authorization.

Employee Signature _____

Date _____

****PLEASE ATTACH A VOIDED CHECK****