



Kaniksu Community Health

Employee Authorization for Direct Deposit

Employee Name:	_____		
Employee Number:	_____	Date of Request:	_____
Home Department:	_____	Home Location:	_____

- If you are setting up a new account (s):
 1. The account must be established and active at your bank prior to requesting a direct deposit.
 2. Please confirm your new account numbers and verify that your bank accepts direct deposits.
 3. For any savings account you MUST confirm the routing number with your bank.
 4. Please notify your bank that you are setting up direct deposit with your employer.
- If you are changing existing accounts, check the box or boxes that apply and complete the appropriate items.
- You may elect to allocate your Net Pay in up to 4 accounts.
- Please allow two pay cycles for the requested change to take effect.

- Thank you

<input type="checkbox"/> Add Account	<input type="checkbox"/> Change Amount Distribution	<input type="checkbox"/> Cancel Account
Bank Name:	_____	
Transit Routing Number :	_____	
Bank Account Number:	_____	
Checking: _____	Savings: _____	
Percentage: _____ %	Fixed Amount: \$ _____	

<input type="checkbox"/> Add Account	<input type="checkbox"/> Change Amount Distribution	<input type="checkbox"/> Cancel Account
Bank Name:	_____	
Transit Routing Number :	_____	
Bank Account Number:	_____	
Checking: _____	Savings: _____	
Percentage: _____ %	Fixed Amount: \$ _____	

Add Account **Change Amount Distribution** **Cancel Account**

Bank Name: _____

Transit Routing Number : _____

Bank Account Number: _____

Checking: _____ Savings: _____

Percentage: _____ % Fixed Amount: \$ _____

Add Account **Change Amount Distribution** **Cancel Account**

Bank Name: _____

Transit Routing Number : _____

Bank Account Number: _____

Checking: _____ Savings: _____

Percentage: _____ % Fixed Amount: \$ _____

- I authorize Kaniksu Community Health and the banks listed above to deposit my net pay or a portion thereof as indicated into my account each pay period.
- If funds to which I am not entitled are deposited into my account. I authorize my employer to direct the bank to return the erroneous funds to my employer.
- I understand that my direct deposit availability is directed by my financial institution and any questions about my account status or access to available funds are not the employers responsibility.
- I understand that new direct deposits or changes made to current direct deposits may take up to two pay cycles to become active.

Employee Name: _____ Date: _____

Employee Signature: _____