



Building Friends, Families and Futures

Use this convenient Form to give anyone who is automatically depositing funds directly into your account.

DIRECT DEPOSIT AUTHORIZATION FORM

NOTIFICATION OF DIRECT DEPOSIT AUTHORIZATION CHANGE

EMPLOYER or COMPANY: _____

ADDRESS: _____

CITY STATE ZIP: _____

PHONE NUMBER: _____

EMPLOYEE ID: _____

(IF APPLICABLE) _____

Effective immediately, please deposit the net amount of my check to my Kansas State Bank Account. I authorize _____ (name of depositor) to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

You may also attach a voided check to this form from your Kansas State Bank account.

___ Net amount to Kansas State Bank Checking Account # _____

___ Net amount to Kansas State Bank Savings Account # _____

Kansas State Bank ABA/Routing #: 101100964

SIGNATURE: _____

DATE: _____

NAME: _____

ADDRESS: _____

CITY STATE ZIP: _____

PHONE NUMBER: _____