SUBMITTER: AGENCY 385
PSU PURCHASING DEPT
620-235-4167

AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE EXPENSE REIMBURSEMENTS

(PLEASE PRINT OR TYPE ALL INFORMATION)

Vendor No: _____ (For Business Office Use Only)

EMPLOYEE INFORMATION

PSU ID:	SSN OR FEIN	NAME (Last, First, MI)
ADDRESS:		

SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION

(Complete this section for new enrollments, financial institution or account changes.)

An employee may submit only *ONE* account for SMART (AP).

If the direct deposit may result in the transfer of funds to a financial agency outside the U.S., the International ACH Bank' checkbox should be turned 'on'.

SMART is used for employee state expense reimbursements ONLY. SHARP is used for processing all payroll.

SELECT ONE: ☐ New Enrollment ☐ Account Change

EFFECTIVE DATE	

FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH			
STATE		ZIP	

ACCOUNT DATA:

A voided check is requested for submission to SMART

TRANSIT #	
ACCOUNT #	

○ Checking
○ Savings

☐ International ACH Bank

☐ Use for SMART (AP)

☐ Cancel for SMART

I authorize the State of Kansas to initiate accounting transactions to deposit my employee expense reimburement payment directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until the State of Kansas receives written notice from me to cancel or change this authorization.

_____ _____
EMPLOYEE SIGNATURE DATE

SECTION B: CANCELLATION

(Complete this section to cancel the Direct Deposit Authorization)

EFFECTIVE DATE	

I hereby cancel the authorization for the State of Kansas to originate direct deposit entries to my checking/savings account(s) for SMART reimbursemen

_____ _____
EMPLOYEE SIGNATURE DATE