

Learning Quest Payroll Direct Deposit Authorization

Complete this form and return to your employer

Please print this page, sign it, include your Social Security number and the date, and submit it to the HR, benefits, or payroll representative responsible for administering payroll deduction contributions to the Program. Your employer will initiate or change your payroll deduction after they receive this form.

Employee Name:

John Doe

Total amount to be deducted per pay period:

\$100.00

I hereby authorize the Director, Division of Accounts and Reports, State of Kansas to make biweekly payroll deductions from my earnings for Learning Quest in the amount certified above. This authorization is effective at the beginning of the next payroll period following the date signed and is to remain in effect until written authorization is received to cancel or change the deduction or the termination of my employment.

Employee Signature

Employee SSN

Date