# DIRECT DEPOSIT ENROLLMENT
## FOR STIPENDS FROM THE BEN HUDNALL MEMORIAL TRUST (BHMT) EDUCATION PROGRAM
### - Not for KP Payroll Direct Deposit -

**To be Eligible YOU MUST:**

**(1)** Be a Kaiser Permanente employee, **(2)** Be accepted in the BHMT Stipend Program, and **(3)** Have a bank account (checking or savings)

| ☐ **Add Direct Deposit** ☐ **Change Direct Deposit** | ☐ **Terminate Direct Deposit** |
|---|---|
| I hereby authorize the BHMT to deposit my stipend payments into the financial institution and account indicated below. The reversals of any amounts deposited to my account in error are also authorized. | I hereby request the BHMT to terminate direct deposit of my stipend payments. No attachment is required to request termination of direct deposit. |

| Name (Last, First, MI) | Kaiser Employee ID # (8-digits) |
|---|---|
| Work Location | Department |
| Daytime Phone Number | Email Address |

**Bank Account**

☐ Checking    **9-Digit Bank Routing Number :** _____
(Please contact your bank for this number)

☐ Savings    **Account Number :** _____

**Instructions:**

1. You must include a copy of one of the two documents requested below and complete all information on this form for processing. Allow approximately 1-2 weeks to initiate direct deposit.
2. You must verify that your financial institution can receive electronic funds transfer transactions.
3. We expect to be able to send an E-mail when funds are deposited to your account, but we don't have that capability yet. If you do not have E-mail, your bank statement will serve as notification of deposit. You will not receive a printed remittance.
4. To change your bank account and E-mail address, you must submit a new direct deposit request form. Allow one (1) pay period to process your bank account change.
5. If you need assistance, please call BHMT at 1-844-377-7849 or email **BHMT@kp.org**.
6. Please email this form to **LMP-Careers@kp.org,** or return the **original** form by mail: **The Ben Hudnall Memorial Trust, 1800 Harrison 15th Floor, Oakland, CA 94612 (Attention: BHMT Accounting)**

**Signature**: _____        **Date:** _____

## For Checking Accounts:
**Please attach a voided check here (not a deposit slip)**

OR

## For Savings Accounts:
**Please attach a deposit slip here**

For Accounting Use Only

Entered:

Initial

Date