

**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)

<input type="checkbox"/> <b>Add Direct Deposit</b>	<input type="checkbox"/> <b>Change Direct Deposit</b>	<input type="checkbox"/> <b>Terminate Direct Deposit</b>
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 #
Work Location	Department
Daytime Phone Number	Email Address

<b>Bank Account</b>	
<input type="checkbox"/> Checking	<b>9-Digit Bank Routing Number :</b> _____ (Please contact your bank for this number)
<input type="checkbox"/> Savings	<b>Account Number :</b> _____

**Instructions:**

1. You must include a copy of one of the two documents requested below and complete all the information on this form for processing. Allow approximately 1-2 pay periods to initiate direct deposit.
2. You must verify that your financial institution can receive electronic funds transfer transactions.
3. You may receive an email when funds are deposited to your account. If you don't receive an email, your bank statement will serve as notification of deposit. You will not receive a printed remittance.
4. To change your bank account and email address, you must submit a new direct deposit request form. Allow one 1-2 pay periods to process your bank account change.
5. If you need assistance, please email [LMP-Careers@kp.org](mailto:LMP-Careers@kp.org).
6. Please email this form to [LMP-Careers@kp.org](mailto:LMP-Careers@kp.org), or fax the completed form to (888) 236-1022.

**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

<b>For Accounting Use Only</b>	Entered:	Initial
	Date	