



KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM

3100 Broadway, Suite 1211
Kansas City, MO 64111
816.472.5800
www.kcpsrs.org

AUTHORIZATION FOR AUTOMATIC DEPOSITS TO BANK ACCOUNT

The undersigned hereby authorizes The Public School Retirement System of the School District of Kansas City, Missouri (KCPSRS) to make monthly deposits and any necessary adjustments involving same deposits in the account at the bank identified below and authorizes said bank to accept such deposits and make any necessary adjustments. It is agreed that these deposits may be made electronically and under the Rules of the Mid-American Payment Exchange Automated Clearing House Association. This authorization will remain in effect until written notice of termination is delivered to KCPSRS in a timely manner so as to afford KCPSRS an opportunity to act thereon. In no event shall such termination be effective as to entries processed prior to receipt of such notices.

Bank Name: _____

Account Number: _____

Routing Number: _____

(For checking accounts, this number is location in the lower left corner of your check. For savings accounts, please contact your bank.)

Type of Account (Check only one): Checking Savings

Account name if joint or if in name other than undersigned: _____

Social Security Number (Retiree)

Signature of Authorizing Party

Date

Name of Authorizing Party (Please Print)

Telephone

Address

(Please attach a voided check here.)

Upon receipt of this form, KCPSRS will submit a pre-notice to your bank to ensure your direct deposit is set up correctly. **The first pay period after submitting this form, you will receive a paper check to your home address.** After confirming all information is correct, your monthly pension will be directly deposited into your account until you notify us in writing of your desire to stop direct deposit.

When completed, return this form to KCPSRS at the address listed above.