

DIRECT DEPOSIT AUTHORIZATION

Direct deposit of your monthly KCPSRS benefit allows payments to be electronically credited to your checking or savings account. To begin direct deposit of your KCPSRS benefits, please complete this form and return it to KCPSRS. The undersigned authorizes KCSPRS to make monthly deposits and any necessary adjustments involving the same deposits in the account at the bank identified below, and authorizes said bank to accept such deposits and make any necessary adjustments.

Name		Social Security no.			
Address					
S	treet address or P.O. box number	City	State	Zip	
Phone ()		Email Address			
Area code					
Direct Deposit to Bai	nk Account (Choose one type of ac	count.)			
box below.	it in a checking account, attach a voided c it in a savings account, contact your financ attach a <u>voided check</u>)			-	
9-digit routing number		Account Number			
Name of financial institution	I				
	Attach voided check he	ere			

SAVINGS ACCOUNT (contact your bank for correct routing number and account number or you may attach a copy of your bank information on the bank's letterhead)

9-digit routing number

Account Number

Name of financial institution

Signature (Required)

Please return the completed from to KCPSRS, 3100 Broadway Suite 1211, Kansas City, MO 64111, or fax it to 816-472-5909. If this form is signed by a power of attorney (POA), we require the POA documents before the form can be accepted.

In signing this form, I consent to the direct deposit terms and am attesting that I am (or the benefit recipient is, if being signed by a POA) an owner of the account.

Signature

Date

Upon receipt of this form, KCPSRS will submit an electronic pre-notice to your bank to confirm the account information is accurate. <u>During this time,</u> <u>the first pay period after submitting this form, a paper check may be mailed to your home address</u>. Once confirmed, your benefit payment will continue to directly deposit into this account until you notify KCPSRS to do otherwise.