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Website: www.kcpsrs.org

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 KCPSRS 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.

MEMBER INFORMATION (PLEASE PRINT)			
First Name	Middle Name	Last Name	Social Security Number
Mailing Address		City	State Zip
Phone Number	Email Address		

DIRECT DEPOSIT TO BANK ACCOUNT (CHOOSE ONE TYPE OF ACCOUNT.)

- To deposit your benefit in a checking account, attach a voided check to this form **AND** provide the account number and routing number in the box below.
 - To deposit your benefit in a savings account, contact your financial institution for the 9-digit routing and savings account number and include it in the space below.
- ☐ **CHECKING** (you must attach a voided check) ☐ **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
Financial Institution	

Attach voided check or copy of bank document

SIGNATURE (REQUIRED)

Please return the completed form to KCPSRS via mail, fax, or email as listed above. 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.

Original (Written) Signature Required	Date
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