

ELECTRONIC DEPOSIT AUTHORIZATION FORM

I hereby make the following requests and authorizations relating to my benefit payment from the Retirement System of the Kansas City, Missouri Police Department:

- 1) I request and authorize you to initiate credit entries to my Account indicated below;
- 2) I request and authorize you to initiate debit entries and adjustments for any credit entries made in error to the Account; and
- 3) I request and authorize the Financial Institution named below to credit and/or debit any such entries to the Account.

Must Attach a Voided Check for Checking Deposit or Deposit Slip for Savings Deposit

(Please print clearly and complete ALL fields below)

Your Information:

Full Name: _____

Department Serial #: _____

Address: _____

Financial Institution:

Name: _____

City and State: _____

Account Type: (check one)

☐ Checking ☐ Savings

The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such time and in such manner as to afford you and my Financial Institution a reasonable opportunity to act on it.

X

Signature

Date: _____

Please return the completed form to KCPERS