

## Authorization Agreement Direct Deposit

## In order for this request to be valid:

- You must provide a copy of your current driver's license or government-issued ID with this original signed form (copied signatures are not acceptable).
- The bank account with the financial institution listed below <u>must be held in your name</u>. KCERA is prohibited from assigning your benefit to any other person, for any reason.
- You must provide a voided check or an account verification letter/form from your financial institution that reflects your name, the routing number and bank account number.

| Section 2  Please indicate if you are authorizing a direct deposit to either a Savings Account or a Checking Account.  Section 3  This form will be rejected if this section is not completed. You must use  The found in the found in the provided is held in my name, as shown check or account verification letter/form from my financial institution. This will remain in effect until I have canceled it in writing and in such time as to a will remain in effect until I have canceled it in writing and in such time as to a will remain in effect until I have canceled it in writing and in such time as to a will remain in effect until I have canceled it in writing and in such time as to a will remain in effect until I have canceled it in writing and in such time as to a will remain in effect until I have canceled it in writing and in such time as to a will remain in effect until I have canceled it in writing and in such time as to a will remain in effect until I have canceled it in writing and in such time as to a will remain in effect until I have canceled it in writing and in such time as to a will remain in effect until I have canceled it in writing and in such time as to a will remain in effect until I have canceled it in writing and in such time as to a will remain in effect until I have canceled it in writing and in such time as to a will remain in effect until I have canceled it in writing and in such time as to a will remain in effect until I have canceled it in writing and in such time as to a will remain will remain in effect until I have canceled it in writing and in such time as to a will remain will remain in effect until I have canceled it in writing and in such time as to a will remain will re | Γhis Request Is:  | lew Update  |                |          |                |
|--|---|---|----------------|----------|----------------|
| Member Key or the last four digits of your Social Security Number.   |   | Member Information  |                |          |                |
| Section 2  Please indicate if you are authorizing a direct deposit to either a Savings Account or a Checking Account.  Section 3  Certification  This form will be rejected if this section is not completed. You must use blue or black ink.  Section 3  City  State  Zip Code  Phone Number  Email Address  I authorization  I authorization I authorize KCERA and the financial institution listed below to automatical payment to the account I provided.  Financial Institution:  Section 3  Certification  I hereby certify that the bank account provided is held in my name, as shown check or account verification letter/form from my financial institution. This will remain in effect until I have canceled it in writing and in such time as to a reasonable opportunity to act on it. I will notify KCERA of any change in reasonable opportunity to act on it. I will notify KCERA of any change in section and the financial institution listed below to automatical payment to the account I provided.  Certification   | Identification purposes,<br>we require your KCERA<br>Member Key or the last<br>four digits of your Social | Member Key: Last Four Digits Social Security:   |                |          |                |
| Section 2   Authorization  |   | Last Name   | First Name Mid |          | Middle Initial |
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| Please indicate if you are authorizing a direct deposit to either a Savings Account or a Checking Account.    Savings Account   Checking Account   |   | Phone Number  | Email Address  | idress   |                |
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| payment to the account I provided.  payment to the account I provided.  Financial Institution:  Section 3  Certification  This form will be rejected if this section is not completed. You must use blue or black ink.  payment to the account I provided.  Checking Account  Checking Account  Checking Account  Checking Account  I hereby certify that the bank account provided is held in my name, as shown check or account verification letter/form from my financial institution. This will remain in effect until I have canceled it in writing and in such time as to a reasonable opportunity to act on it. I will notify KCERA of any change in  | Section 2   | Authorization   |                |          |                |
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|  | this section is not completed. You must use   | I hereby certify that the bank account provided is held in my name, as shown on the voide check or account verification letter/form from my financial institution. This authorization will remain in effect until I have canceled it in writing and in such time as to afford KCERA reasonable opportunity to act on it. I will notify KCERA of any change in the financial account status. |                |          |                |
|  |   |   |                |          |                |
| X Signature of Member/Power of Attorney Date   |   | X Signature of Member/Power of A  | ttornev        | Dat      |                |

<sup>\*</sup>Attention Attorneys-in-Fact/Agents: Please sign as designated in your Power of Attorney document. Or, if no provision relating to signature, use: "[Member's name signed] by [agent], his/her attorney in fact"