

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 must be held in your name. 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 1	Member Information			
For Security and Identification purposes, we require your KCERA Member Key or the last four digits of your Social Security Number.	Member Key: OR Last Four Digits Social Security:			
	Last Name	First Name Middle Initial		Middle Initial
	Mailing Address			
	City	State	Zip Code	
	Phone Number	Email Address		
Section 2	Authorization			
Please indicate if you are authorizing a direct deposit to either a Savings Account or a Checking Account.	I authorize KCERA and the financial institution listed below to automatically deposit my payment to the account I provided.			
	Financial Institution:			
	Savings Account Che	cking Account		
Section 3	Certification			
Section 3 This form will be rejected if this section is not completed. You must use blue or black ink.	Certification I hereby certify that the bank account check or account verification letter/f will remain in effect until I have cance reasonable opportunity to act on it. account status.	orm from my fina led it in writing an	ncial institution. The din such time as to	nis authorization afford KCERA a
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^{*}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"