

ELECTRONIC DEPOSIT AUTHORIZATION FORM

I hereby make the following requests and authorizations relating to my retirement check 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.

(Please print clearly)

1. Participant Name _____

2. Participant Social Security Number

3. Participant Serial # (if known)

____ - ____ - ____ - ____ - ____ - ____

____ - ____ - ____ - ____ - ____

4. Participant Address

AND STREET ADDRESS

CITY, STATE AND ZIP CODE

5. Financial Institution Name

NAME

CITY and STATE

6. Account Type **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.

7. Participant Signature

_____ **Date** _____

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