



KPERS-15B Rev. 2/17

DIRECT DEPOSIT AGREEMENT

For security reasons, do not submit form by e-mail.

■ **Contact Us – toll free:** 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 785-296-6638
e-mail: kpers@kpers.org • **web site:** kpers.org • **mail:** 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

■ Part A – Benefit Recipient Information

1. Social Security Number: _____ - _____ - _____
2. Name (First, MI, Last): _____
3. Telephone Number: (____) _____
4. Mailing Address: _____
City, State, Zip: _____

■ Part B – Financial Institution Information – Verify the **nine-digit** routing number for electronic transfers with your financial institution. See sample check below for routing number location.

1. Financial Institution: _____
2. Location (City, State): _____
3. Telephone Number: (____) _____
4. Type of Account (mark one): Checking Savings
5. Routing Number for Electronic Transfers: _____
6. Bank Account Number: _____

YOUR NAME 1234
123 Main Street
Anyplace, KS 60000 DATE _____

PAY TO THE ORDER OF: _____ \$ _____
DOLLARS

ANYPLACE BANK
Anyplace, KS 60000

MEMO _____

① 250250025 | 202 020 8 | 1234

9-Digit Bank Routing Number Your Account Number Check Number

■ Part C – Benefit Recipient Authorization – If this form is signed by anyone other than the benefit recipient, a copy of legal authorization (e.g., durable power-of-attorney, guardianship or conservator documents) must be attached or currently on file with KPERS.

"I authorize the named financial institution to act as my agent to receive my monthly benefit from the Kansas Public Employees Retirement System (KPERS) for the purpose of making direct deposits to my account. If monies to which I am not entitled are deposited to my account, I authorize the financial institution to return the funds to KPERS. By signing this form, I and each joint tenant on my account agree to allow KPERS to debit the account in order to recover any funds that were deposited in error.

I understand that this means of recovery shall not prevent KPERS from utilizing other lawful means to retrieve funds deposited in error. This authorization hereby revokes all prior authorizations given to KPERS and remains in effect until I give KPERS written notice."

Benefit Recipient Signature: _____ Month/Day/Year: ____/____/____

DIRECT DEPOSIT INSTRUCTIONS

For security reasons, do not submit form by e-mail.

■ Instructions

All information requested on this form is necessary. The Retirement System cannot accept forms that are incomplete or have been altered in any way.

It is very important that you notify KPERS if your address changes, even though your benefit is directly deposited. The address listed on this form will update our records.

Please verify the financial information with your financial institution before completing Part B. Be sure that the routing number reflects the number for *electronic transfers*. This nine-digit number may be different from the routing number for the branch bank at which the account is held. You should be able to find the correct routing number on your checks. See the sample check on page 1. If you are depositing into a savings account, contact your financial institution for the correct routing number. You may choose only **one** account at one financial institution for your direct deposit. KPERS cannot deposit to a prepaid debit card.

Your monthly benefit payments will be directly deposited in your account on the last working day of each month. In the event of your death, payments dated after the last day of the month in which your death occurs must be returned to the Retirement System. The Retirement System will then determine survivor benefits, if any, and begin payments.

■ Changing Accounts or Financial Institutions

KPERS will continue to send payments to the account at the financial institution you select until you notify us of a change. You can make a change at any time by completing a new direct deposit form. If you change financial institutions, maintain both accounts until you receive a payment in the new account. This change may take 30-60 days.