

Direct Deposit Form

Instructions to set up Direct Deposit for both Checking and Savings accounts:

Checking: (2 options)

- **Option A. If including a VOIDED, PRE-PRINTED CHECK:** Complete Section 1; complete Section 2 except for Representative's name and signature, and include a VOIDED, PRE-PRINTED CHECK (no starter checks), or other bank document with your name and account information pre-printed by the bank.
- **Option B. If not including a VOIDED, PRE-PRINTED CHECK:** Complete Section 1 then take or fax this form to your bank and have a representative of the bank complete and sign Section 2

Savings: Complete Section 1, and Section 2 except for Representative's Name and Signature.

****Once you have completed this form please submit using the contact information at the bottom of this form.****

****Please be advised that once we receive and process this form, it will take 10 days to be effective****

Section 1 PLEASE USE BLACK INK

YOUR NAME <i>(last, first, middle initial)</i>	
ADDRESS <i>(Street, Route, P.O. Box)</i>	
CITY	STATE ZIP CODE
DAYTIME PHONE NUMBER	PLEASE CIRCLE ONE HOME WORK CELL

SSN

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I authorize the KPC to make deposits to the account listed below. The KPC may make deposits to this account until I cancel the authorization and the KPC has time to process the cancellation. If funds are mistakenly deposited into my account, I authorize the KPC to deduct the amount of the error from my account.

SIGNATURE	DATE
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Section 2

NAME, ADDRESS, & PHONE NUMBER OF FINANCIAL INSTITUTION
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To be filled out by Bank Representative

I confirm the identity of the above-named payee and the below listed account number and routing number and to be in the correct format to properly post to the account. As a representative of this financial institution, I certify that the financial institution agrees to receive and deposit the payment from the KPC.

PRINT OR TYPE REPRESENTATIVE'S NAME	
SIGNATURE OF REPRESENTATIVE	
TELEPHONE NUMBER	DATE

CHECKING SAVINGS

ROUTING #

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ACCOUNT #

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I request my previous Direct Deposit account be cancelled immediately.

Note: This section is only used if you are changing from one bank account to another. If this box is not checked, your previous bank account will remain active until the new Direct Deposit takes effect (10 days). If you choose to end all direct deposit instructions, visit kspaycenter.com for the KPC KEY2Benefits debit card enrollment and pre-authorization forms prior to when the next payment is disbursed to you.

Contact Information: **Mail:** Kansas Payment Center
PO Box 750080
Topeka, KS 66675-0080 **Fax:** 785-232-7533 **E-Mail:** dcf.contactKPC@ks.gov
PH: 877-572-5722