KANSAS CITY, KANSAS HOUSING AUTHORITY
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize and request the Kansas City, Kansas Housing Authority, hereinafter called the KCKHA, to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called the BANK, and I authorize and request the BANK to accept any deposits initiated by the KCKHA to such account and to credit the same to such account without responsibility for the correctness thereof. In the event of an overpayment in error, I hereby authorize the KCKHA to initiate correcting entries to my account in the amount of such payment in error.

EMPLOYEE NAME: _____

SOCIAL SECURITY #: |__|__|__| - |__|__| - |__|__|__|__|

SIGNATURE: _____ DATE:_____

Direct Deposit Checking __ Savings __ Credit Union __ Deferred Comp __ Other _____ __
Bank Name _____
Transit Routing # |__|__|__|__| |__|__|__|__| |__| Flat Amount $_____
Account Number |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Percentage _____

Direct Deposit Checking __ Savings __ Credit Union __ Deferred Comp __ Other _____ __
Bank Name _____
Transit Routing # |__|__|__|__| |__|__|__|__| |__| Flat Amount $_____
Account Number |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Percentage _____

Direct Deposit Checking __ Savings __ Credit Union __ Deferred Comp __ Other _____ __
Bank Name _____
Transit Routing # |__|__|__|__| |__|__|__|__| |__| Flat Amount $_____
Account Number |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Percentage _____

Direct Deposit Checking __ Savings __ Credit Union __ Deferred Comp __ Other _____ __
Bank Name _____
Transit Routing # |__|__|__|__| |__|__|__|__| |__| Flat Amount $_____
Account Number |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Percentage _____

Direct Deposit Checking __ Savings __ Credit Union __ Deferred Comp __ Other _____ __
Bank Name _____
Transit Routing # |__|__|__|__| |__|__|__|__| |__| Flat Amount $_____
Account Number |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Percentage _____

PLEASE SEND COMPLETED FORM AND A VOIDED CHECK FOR EACH BANK ACCOUNT TO THE PAYROLL DEPARTMENT.

OFFICE USE ONLY
Department # _____
Initial: _____
Date Entered: _____

Form F-150 (06/02)