

## DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Kansas City Management Solutions, hereinafter called COMPANY, to initiate credit entries and adjustments for any credit entry in error to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Name (please print)** \_\_\_\_\_

**Date** \_\_\_\_\_ **Employee Number, or SSN#** \_\_\_\_\_

**Financial Institution Name** \_\_\_\_\_

**Financial Institution Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Signature** \_\_\_\_\_

**By signing this form you indicate that you have set up a pay pal account and that you have linked the above said account to your pay pal account. All monthly deposits are to be processed on the 3<sup>rd</sup> Wednesday of every month and may take up to three days to process.**