



KANSAS PAYMENT CENTER

Direct Deposit Form

Representatives are available to help you. Call the toll free number to request assistance with enrollment form.

1-877-572-5722

What is Direct Deposit? Direct Deposit is a method of electronic funds transfer (EFT). You authorize the Kansas Payment Center (KPC) to deposit your child support payments directly into your checking or savings account. KPC can work with banks or credit unions.

How does Direct Deposit work? When a payment is applied to your child support case(s), KPC sends it to your bank. Normally your bank will credit your account with the money a few days after KPC applies the payment to your case(s). For more information, you may call your bank, visit our website at www.kspaycenter.com, or call the KPC at 1-877-572-5722

How do I setup Direct Deposit? Below are the directions for both Checking and Savings accounts:

Checking: (2 options) **Option A.** Fill out Section 1 completely, fill out all of section 2 except for Representative's name and signature, and include a VOIDED, PRE-PRINTED CHECK (no starter checks). If you are unable to provide a voided check please complete **Option B.**

Option B. Fill out Section 1 completely then take or fax this form to your bank and have a representative of the bank fill out Section 2

Savings: Fill out Section 1 completely, then fill out Section 2 all areas except for Representative's Name and Signature.

****Once you have completed this form please submit to the Fax number or Address listed at the bottom of this form.****

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

Section 1

YOUR NAME (last, first, middle initial)

ADDRESS (street, route, p.o. box)

CITY STATE ZIP CODE

HOME TELEPHONE NUMBER WORK TELEPHONE NUMBER

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

Section 2

NAME, ADDRESS, & PHONE NUMBER OF FINANCIAL INSTITUTION

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 #

ACCOUNT #

☐ 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 you will automatically be enrolled in the KPC NOW debit card program when the next payment is disbursed to you.

FAX NUMBER - (785)232-7533

MAIL TO:
Kansas Payment Center
PO Box 750080
Topeka, KS 66675-0080

FOR OFFICE USE ONLY

DATE RECEIVED:	DATE PROCESSED:	DATE QA'D:
RECEIVED BY:	PROCESSED BY:	QA'D BY: