

**City of Wichita Retirement Systems**  
*Pension Management, 455 N. Main Street, 12th Floor*  
*Wichita, KS 67202*  
*(316)268-4544*

**ELECTRONIC DEPOSIT AUTHORIZATION FORM**

I hereby make the following requests and authorizations relating to my periodic benefit payments from the City of Wichita Retirement Systems: (1) request and authorization to initiate credit entries to the account indicated below; (2) request and authorization to initiate debit entries and adjustments for any credit entries made in error to the account; and (3) request and authorization for the financial institution named below to credit and/or debit any such entries to the account.

**PLEASE PRINT LEGIBLY**

**1. SOCIAL SECURITY NUMBER**

\_\_\_\_\_

**2. PARTICIPANT NAME**

\_\_\_\_\_  
First MI Last

**3. PARTICIPANT ADDRESS**

\_\_\_\_\_  
Street Address Apartment #

\_\_\_\_\_  
City, State, and Zip Code

**4. FINANCIAL INSTITUTION NAME AND ADDRESS**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip Code

**5. ACCOUNT NUMBER (17 digits maximum)**

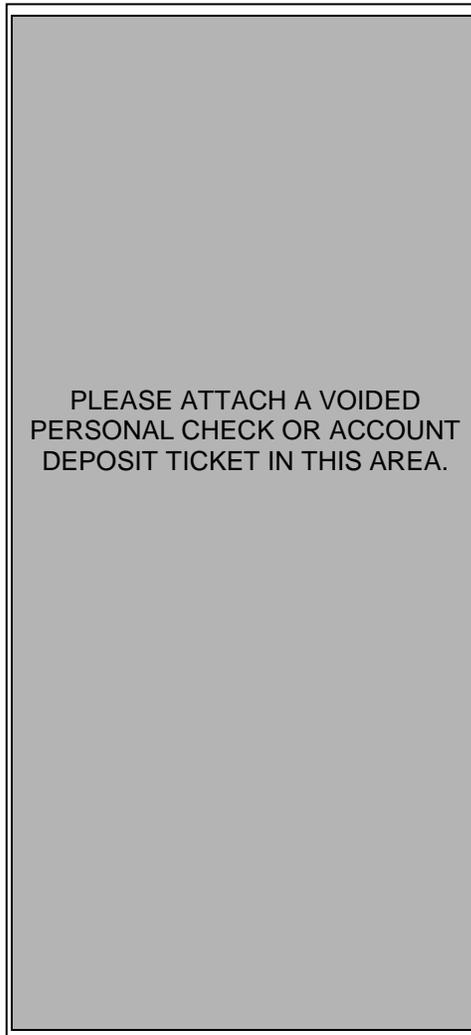
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**6. ACCOUNT TYPE**

CHECKING       SAVINGS

**7. BANK ROUTING NUMBER (contact your financial institution for this number)**

\_\_\_\_\_



The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such time and in such manner as to afford you and my financial institution a reasonable opportunity to act on it.

I hereby discharge you from all liability whatsoever for any actions taken by you with the above request and authorization.

**8. PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_