



**Authorization Agreement for Direct Deposit  
Kansas Foster Care**

**Please read this form carefully and write legibly.**

A. Bank Name: \_\_\_\_\_

B. Bank Routing #:

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C. Bank Account #:

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**Account Type:**

☐ **Checking**

**-or-**

☐ **Savings**

I authorize Bank of Blue Valley to deposit my net pay into the above listed account.

I understand that by providing my email address below that I am authorizing KVC to email me copies of my remittance advice and that no further copies will be mailed.

**PLEASE ATTACH A VOIDED CHECK HERE**

**If a check is not available, please attach a letter from your bank on their letterhead listing your account information.**

**Applicant Signature:** \_\_\_\_\_

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

**Name (printed):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return to KVC Accounting Department:**

**Mail: 21350 W 153<sup>rd</sup> St., Olathe, KS 66061**

**Email: accountspayable@kvc.org**

**Fax: 913-322-3523**