



**Direct Deposit Authorization**

Complete each field in this form. Return the signed form along with a voided check to your employer.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Company Information*** | | | |
| Company Name | | | |
| Address | | | |
| City | State | ZIP Code | Phone |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Employee Information*** | | | | |
| Name | | Employee ID # | | SSN |
| Address | | | | |
| City | State | | ZIP Code | Phone |

# Bank Information

## Central Bank of KC

2301 Independence Blvd.

Kansas City, MO 64124

Routing – Transit 101001283

For any direct deposit related questions, please call 816-483-1210

***Deposit Information***

Account type: Checking Savings Money Market

Account #

Amount $ or %

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Amount $ or %

I authorize the above named employer to make deposits in the Central Bank of Kansas City Bank account(s) identified above and authorize the bank to accept such deposits. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. I understand that this authorization replaces any previous authorization and will remain in full force and effect until the company named above has received written notification from me of its termination in time to afford the company and the depository a reasonable opportunity to act.

Employee Signature

Date

**ATTACH A VOIDED CHECK FROM YOUR BANK ACCOUNT**

CBKC-5-2013