



PSAP DIRECT DEPOSIT

Agreement Form

PSAP DD Form
December 20, 2016

Authorization Agreement

I hereby authorize Kansas 911 Coordinating Council to initiate automatic deposits to my account at the financial institution named below. I also authorize Kansas 911 Coordinating Council to make withdrawals from this account in the event that a credit entry is made in error, after consulting with the payee.

Further, I agree not to hold Kansas 911 Coordinating Council responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Kansas 911 Coordinating Council receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the LCPA for the Kansas 911 Coordinating Council.

Account Information

PSAP Name as Shown on the Account _____

Name of Financial Institution _____

Routing Number _____

Account Number _____

[] Checking [] Savings

Email Address for
Payment Details _____

Email Address for
Notification of Payment _____

Primary Contact
Phone Number _____

Signature

Authorized Signer on Account

Date

Please attach a voided check or deposit slip and return this form to K911@np-solutions.org