

**KPERS****EF-105**KANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM  
AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

KPERS REMITTANCE

Fiscal Services Unit  
Kansas Public Employees Retirement System  
611 Kansas Avenue  
Topeka, Kansas 66603-3803785-296-6666 OR 1-888-275-5737  
Fax 785-296-6057

For **new enrollment** please complete this form, then sign and return to the Kansas Public Employees Retirement System.  
**Changes in bank information** should be shown on this form and submitted to the Kansas Public Employees Retirement System.

**Part 1: Employer Information (please type or print):**

Agency Type: (Check One)       School                       Non-School                       KP&F

Name \_\_\_\_\_ KPERS Employer ID# \_\_\_\_\_

Address \_\_\_\_\_ EFT Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax Number \_\_\_\_\_

**Part 2: EFT Account Activity (Please check appropriate box and complete this part):**

\_\_\_\_\_ New EFT Account                       \_\_\_\_\_ Change Bank/Account #  
(Effective Date \_\_\_\_\_)

**Please enclose a voided check for verification.**

Bank Name \_\_\_\_\_ Bank Contact Person \_\_\_\_\_

Transit/ABA # \_\_\_\_\_ Phone Number \_\_\_\_\_

Account # \_\_\_\_\_ Account Type (Check One)     Checking     Savings

**Part 3: Signature Authorization:**

I, the undersigned, authorize the Kansas Public Employees Retirement System to present debit entries into the bank account referenced above and the depository named above. These debits will pertain only to Electronic Funds Transfer payments that are authorized through the debit procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Mail to: Fiscal Services Unit  
Kansas Public Employees Retirement System  
611 Kansas Avenue, Suite 100  
Topeka, KS 66603-3803

**INSTRUCTIONS FOR COMPLETING FORM EF-105  
AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER  
KANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM  
EMPLOYER REMITTANCE**

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**Part 1: Employer Information:**

In addition to your agency name and mailing address, your KPERS identification number must be included.

EFT Contact Person: The name, telephone and fax number of the person who should be contacted in the event of a problem or error with an electronic funds transfer and to whom all EFT correspondence should be mailed.

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**Part 2: EFT Account Activity:**

Check the appropriate box that identifies the reason this Authorization Form is being submitted. If indicating a banking and/or account number change, the effective date of change must be at least three days prior to any funds being drawn from the new bank and/or account.

Provide the name of your bank and the name and phone number of a contact person within that bank. Also provide the transit/routing (ABA) number and the account number from which any funds will be withdrawn, then check the appropriate box to indicate the type of account.

Please enclose a voided check for verification.

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**Part 3: Signature Authorization:**

After placing a check mark next to the opted method for payment, an officer or other official of the agency who has legal authority to allow the use of Electronic Funds Transfer should sign and date the document. The official should print their name and job title, as well.

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If you need more information or assistance please call the EFT Assistance Line at 1-888-275-5737 or 785-296-6666. You may also write to the Fiscal Services Unit, KPERS, 611 Kansas Avenue, Topeka, Kansas 66603-3803.