

KENTUCKY PUBLIC PENSIONS AUTHORITY 1260 Louisville Road • Frankfort, KY 40601 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



Form 6131 Revised 04/2021

Print Form

Bank Draft Authorization for Direct Pay Accounts

Recipient Information The recipient is the person who is receiving the monthly your Member ID or Social Security Number in the Recipi		entucky Public P	ensions Autho	ority. Please provide
Recipient Name:		Recipient ID:		
Address:	City:		State:	Zip Code:
Phone Number:	Email:			
Financial Institution Information				
Financial Institution Name:				
Depositor Account Number:				
Depositor Routing Number:				
Account Type: Ohecking	Savings			
Required Documents: Please Indicate the document	ation you are sub	mitting with thi	s form.	
For debits from a Checking Account: I have attached to this form a VOIDED pe	ersonalized check	O verifica	ition from my f	financial institution
For debits from a Savings Account: I have attached to this form verification from	om my financial ins	stitution		
A new Form 6131 must be completed to ch	ange your acc	ount numbe	r or financi	al institution.
I authorize and request the Kentucky Public Pensions A premiums from my account at the financial institution de personalized check for deduction from my checking understand that failure to sign this authorization and prochanging account information.	signated above. I haccount or a dep	ave attached vosit slip for dec	with this form duction from	n a VOIDED my savings account.
Signature:		Date.		

For your convenience:

The sample check below shows where to locate the required bank information to complete your bank draft authorization.

My Name My Address			77-90399 925394 DATE		115
My City, State, & Zip			DATI	. ,	
PAY TO THE ORDER OF				\$	
FAI TO THE ORDER OF				DOLLARS	
Bank Nam					
Bank Nam Bank Add				.,,-	
Bank Add	ress	· [1152]			
Bank Add	ress	1152			