



Authorization for Deposit of Retirement Payment

Recipient Information: The recipient is the person who is receiving a monthly benefit from the Kentucky Public Pensions Authority. Please provide your Member ID or Social Security Number in the Recipient ID box below.

Recipient Name:	Recipient ID:
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KPPA will update contact information for your retirement account based on the details provided below.

Address:	City:	State:	Zip Code:
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Phone (select type) <input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Work	Email:
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If you are beneficiary of the account, please provide the member's name and Member ID below.

Member Name:	Member ID:
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Financial Institution Information: Enter the complete information where you want your retirement check to be deposited.

Financial Institution Name:	Account Type: <input type="radio"/> Checking <input type="radio"/> Savings
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Depositor Account Number:	Depositor Routing Number:
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Required Documents: Please indicate the documentation you are submitting with this form.

For deposits to a Checking Account: I have attached to this form	<input type="radio"/> a VOIDED personalized check <input type="radio"/> verification from my financial institution
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For deposits to a Savings Account: I have attached to this form	<input type="radio"/> verification from my financial institution
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Prior Financial Institution Information: This section must be completed if you are making a change to a new financial institution, account number, or routing number. Enter the complete information where your retirement check currently is deposited.

Financial Institution Name:	Account Type: <input type="radio"/> Checking <input type="radio"/> Savings
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Depositor Account Number:	Depositor Routing Number:
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Authorization for Direct Deposit and International Transactions:

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to the penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefit, the employer I represent, and I (personally) may be liable for restitution of the benefits for which I was not eligible to receive, civil payments, legal fees, and costs.

I authorize and request the Kentucky Public Pensions authority to directly deposit the net amount of my monthly retirement payment to my account at the financial institution designated above. I have attached to this form the documentation indicated above.

I understand that failure to sign this authorization and provide one of the documents listed above will cause a delay in setting up or changing account information.

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC) and National Automated Clearing House Association (NACHA) regulations.

I certify that the entire payment that Kentucky Public Pensions Authority sends electronically to the financial institution I have designated, is not subject to being transferred to a foreign bank. I agree to notify Kentucky Public Pensions Authority in writing immediately if the payment becomes subject to transfer to a foreign bank in the future.

Signature: _____

Date: _____

Instructions for Completing Form 6130 - Authorization for Deposit of Retirement Payment

You may initiate or update authorization to deposit your retirement allowance directly into your account at a financial institution by either completing this Form 6130, Authorization for Deposit of Retirement Payment, or by designating an account online through Retiree Self Service. The financial institution may be a bank, savings bank, savings and loan association, credit union, or similar institution that is a member of the Automated Clearing House (ACH). The North American Clearing House Association (NACHA) regulations require certification to identify any direct deposit payment made where the payment amount is subsequently transferred to a foreign bank account.

This form is to be used **ONLY** for the deposit of monthly benefit payments from the Kentucky Public Pensions Authority (KPPA). This form does not authorize withdrawals from your financial institution.

Please provide the necessary information about the financial institution.

- You must sign and date the authorization form.
- You are required to provide a **VOIDED** personalized check or verification from the financial institution for deposit to a checking account.
- For deposit to a savings account you must provide a verification from the financial institution.
- Your failure to sign and date the authorization form and provide the required documentation will cause a delay in setting up or changing the account information.

For your convenience:

The sample check shows where to locate the required bank information to complete your Direct Deposit.

72-74/893
9255254

1152

My Name
My Address
My City, State, & Zip

DATE _____

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

Bank Name
Bank Address

MEMO _____

+ 00 188 288 21 925 525 11 152

9 Digit Bank Routing Number Your Account Number Check Number

Your monthly benefit payments will be deposited into your indicated account on the 14th unless that day is a weekend or holiday, then it will be deposited into your account on the last business day prior to the 14th. If you are a current recipient of a monthly benefit and request a change to the account number or financial institution to which your monthly benefit is deposited, the completed form must be received at the KPPA office by the 20th of the month prior to the month you wish the change to be effective. If your form is received after the 20th of the month, the next monthly payment will be issued as a paper check mailed to your listed address; and the requested change for the direct deposit will be effective the following month.

Once the authorization form has been processed by the KPPA, this authorization for deposit may be cancelled for any of the following reasons:

1. A new authorization for deposit of retirement payment form is submitted and processed at KPPA. This new Form 6130 will supersede your previous authorization form.
2. Your designated account information is updated online through Retiree Self Service.
3. The financial institution no longer accepts direct deposit, which requires you to notify KPPA.
4. Your financial institution rejects your direct deposit indicating your account is closed. In this case, KPPA will notify you of the cancellation.
5. Your monthly benefit no longer covers the cost of your health insurance premium and you must submit payment to our office for your health insurance premium.
6. Notice of your death is received at KPPA.

You may reach the KPPA at (800) 928-4646 or (502) 696-8800 if you have any questions. Written inquiries can be addressed to Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, Kentucky 40601. For general information or to obtain additional forms, visit the Kentucky Public Pensions Authority's website: kyret.ky.gov.