



**Form 6131**  
Revised 04/2021

## Bank Draft Authorization for Direct Pay Accounts

### Recipient Information

The recipient is the person who is receiving the 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:	
Address:	City:	State:	Zip Code:
Phone Number:	Email:		

### Financial Institution Information

Financial Institution Name:
Depositor Account Number:
Depositor Routing Number:
Account Type: <input type="radio"/> Checking <input type="radio"/> Savings

### Required Documents: Please indicate the documentation you are submitting with this form.

For debits from a Checking Account: I have attached to this form	<input type="radio"/> a VOIDED personalized check	<input type="radio"/> verification from my financial institution
For debits from a Savings Account: I have attached to this form	<input type="radio"/> verification from my financial institution	

### A new Form 6131 must be completed to change your account number or financial institution.

I authorize and request the Kentucky Public Pensions Authority to withdraw the balance due of my monthly health insurance premiums from my account at the financial institution designated above. **I have attached with this form a VOIDED personalized check for deduction from my checking account or a deposit slip for deduction from my savings account.** I understand that failure to sign this authorization and provide a voided check or deposit slip will cause a delay in setting up or changing account information.

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		72-74/893	1152
My Address		9255254	
My City, State, & Zip		DATE	
PAY TO THE ORDER OF		\$	
		DOLLARS	
<input type="checkbox"/>	Bank Name		
	Bank Address		
MEMO			
+ 00 186 286 21 925 525 1152			
9 Digit Bank Routing Number	Your Account Number	Check Number	

## **Instructions for Completing Form 6131**

### **Bank Draft Authorization for Direct Pay Accounts**

You must complete this Form 6131, Bank Draft Authorization for Direct Pay Accounts, to authorize the withdrawal of the balance of your monthly health insurance premium directly from your account at a financial institution. A new Form 6131 must be completed to change your account number or financial institution. 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).

This form is to be used **ONLY** to authorize debits from your account by Kentucky Public Pensions Authority for the balance of your health insurance premiums. This form does not authorize deposits to your account at a financial institution.

The payment will be deducted from your account at your financial institution on the 14th calendar day of the month, unless the day is a weekend or holiday, then the payment will be deducted from your account on the last business day prior to the 14th.

Please provide the necessary information about the financial institution. You must sign and date the authorization form. You must attach a VOIDED personalized check or deposit slip from the account you are authorizing withdrawal. Your failure to sign and date the bank draft authorization form and provide a VOIDED personalized check or deposit slip will cause a delay in setting up or changing account information. If you are changing financial institutions or your account number, then the completed form and VOIDED personalized check or deposit slip must be received at Kentucky Public Pensions Authority before the 20th of the month prior to the month you want the change to become effective. Once the automatic bank draft has been processed by the Kentucky Public Pensions Authority, the bank draft may be cancelled for any of the following reasons:

1. A new bank draft authorization form is submitted and processed at KPPA. This new Form 6131 will supersede your previous bank draft authorization.
2. A written notice of cancellation by you is received and processed at KPPA. You should notify your financial institution if you decide to cancel this agreement.
3. The financial institution no longer accepts automatic bank draft withdrawals. If your financial institution no longer accepts automatic bank draft withdrawals, you must notify KPPA in writing.
4. KPPA discontinues the bank draft program with your financial institution. In this case, KPPA will notify you of the cancellation in advance.
5. Your monthly benefit covers the cost of your health insurance premium and you no longer remain in direct pay status for health insurance premiums.
6. Notice of your death is received at KPPA.

You may reach the Kentucky Public Pensions Authority 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 website: [www.kyret.ky.gov](http://www.kyret.ky.gov)