

Kansas.gov Monthly Billing Option Change Form

STEP 1: SUBSCRIBER ACCOUNT INFORMATION

Kansas.gov Subscriber Name:	
Kansas.gov Subscriber Account Number:	

STEP 2: CHANGE BILLING OPTION

CURRENT Billing Option:	NEW Billing Option:
<input type="checkbox"/> Electronic Fund Transfer <input type="checkbox"/> Manual	<input type="checkbox"/> Electronic Fund Transfer <input type="checkbox"/> Manual

STEP 3: CHANGE ACCOUNT INFORMATION

Electronic Funds Transfer

CURRENT Account Information:	NEW Account Information:
Routing Number:	Routing Number:
Account Number:	Account Number:
Bank Name:	Bank Name:
Account Type: <input type="checkbox"/> Business Checking Account <input type="checkbox"/> Business Savings Account <input type="checkbox"/> Consumer Checking Account <input type="checkbox"/> Consumer Savings Account	Account Type: <input type="checkbox"/> Business Checking Account <input type="checkbox"/> Business Savings Account <input type="checkbox"/> Consumer Checking Account <input type="checkbox"/> Consumer Savings Account

STEP 4: SIGN FORM

Kansas.gov Account Administrator Signature*: _____
 Printed Name: _____ Phone: _____
 Date: _____

***This form MUST be signed by the Kansas.gov Account Administrator.**

STEP 5: TRANSMIT FORM

Please print and complete one form per account. Send via FAX or U.S. Postal service to:

Email	MAIL	FAX
Ks-helpcenter@egov.com	Kansas.gov 534 S. Kansas Ave., Ste 1210 Topeka, KS 66603-3434	785-296-5563

Your account will be updated within 3 business days of receipt.

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