

Direct Deposit Enrollment Authorization Form

Effective July 2013, Special Assistance (SA) including SA In-Home, Refugee Cash Assistance (RCA) and Work First Family Assistance (WFFA) payments will begin the change from paper checks to electronic payments. Payments will be issued as a Direct Deposit to your personal savings or checking account.

Direct Deposit will help you in many ways

- You will get your money faster.
- You do not need to make extra trips to the bank or wait in long lines.
- Your check cannot be lost or stolen.

Here's how Direct Deposit works

Each month when your check is ready to be mailed to you, the Department of Social Services (DSS) will electronically deposit funds directly into your checking or savings account. A separate notice is not sent to you when funds are paid.

Bank Fees

While Direct Deposit is free, some banks charge fees for accounts. Make sure you understand the bank rules and fees that will apply to your account.

Who can sign up for Direct Deposit?

Households that have a checking or savings account.

How many Direct Deposits accounts can I open?

You can chose only one account for each program payment.

How to sign up for Direct Deposit

- Complete Section 1.
- Attach a voided or cancelled check for the checking account (starter/counter checks cannot be used).
- Have your bank complete Section 2 if you do not attach a voided check or if arranging Direct Deposit to a Savings Account.
- Remember to sign and date the form.
- The case name on the Work First, RCA or the name of the person receiving SA (or the substitute payee) must be on the bank account.
- Once the form is complete, return it to your caseworker.
- Keep a copy for your records.

When will Direct Deposit Start?

DSS will notify you when your initial request is set up. **(You must complete a new form if you change your account.)**

Stopping Direct Deposit

Request a form from your local DSS to cancel your direct deposit authorization. Allow 30 days from the day the agency receives the request for the Direct Deposit to stop.

Section 1 (to be completed by Payee/Case Head)

Name of Case Head (last, first, middle initial)		Social Security Number (SSN)	Home telephone number		
Name of Payee (if different than Case Head)		Payee's SSN	Gender	DOB	Preferred language
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number:	Name(s) on Account	Bank Name		
Case Head/Payee's Address (street, route, P.O. Box)		City/State/Zip code	Payee's Telephone Number		

I hereby authorize the _____ Department of Social Services (DSS) to make deposits to this bank account. DSS may make deposits to this account until I cancel this authorization.

Attach one of the following

I have attached a voided or cancelled check with my name, routing and bank account number preprinted by the bank.

Print Name	Signature	Date
Print Name of Payee (if different than Case Head)	Signature	Date

Section 2 (to be completed by the bank if a cancelled or voided check is not attached or if depositing to a Savings Account)

Name and Address of Financial Institution		Routing Number: _____	
		Account Number: _____	
Name(s) on Account		Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Print or Type Bank Representative's Name	Signature	Telephone Number	Date