



## DISABILITY BENEFIT ELECTRONIC FUND TRANSFER (EFT) REQUEST

**COMPLETE THIS SECTION IF YOU WANT DISABILITY PAYMENTS DEPOSITED  
DIRECTLY INTO AN ELIGIBLE CHECKINGS OR SAVINGS ACCOUNT.**

*If you do not elect to have your benefits deposited to your bank account, you will receive a check in the mail.*

I REQUEST MY WEEKLY BENEFIT BE SENT TO MY BANK (OR OTHER FINANCIAL INSTITUTION SHOWN BELOW) FOR ELECTRONIC FUNDS TRANSFERS.

I. NAME: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_  
(Please Print) (last 4 digits only)

ADDRESS \_\_\_\_\_

(City)

(State)

(Zip)

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_ Email Addr: \_\_\_\_\_

If this is a NEW address, please check here \_\_\_\_

## II: FINANCIAL INSTITUTION

Name \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_

Branch Mailing Address \_\_\_\_\_

(City)

(State)

(Zip)

ACCOUNT NUMBER (please check **only one**) **We can NOT direct deposit to a debit card. Please provide your checking or savings account information only.**

Checking Account: My account number is \_\_\_\_\_

**\*Attach a "voided" check**

Please provide the 9 digit Bank Routing Number: \_\_\_\_\_

**"OR"**

Savings Account: My account number is: \_\_\_\_\_

**\*Attach a deposit slip, if available**

Please provide the 9-digit Bank Routing Number: \_\_\_\_\_

As benefit payments become payable, I authorize the Administrative Office to pay by directing the electronic transfer of funds, to the order of the above named financial institution for credit to my account. I authorize said financial institution to refund an amount equal to any payment, which becomes due after my death that has been credited to my account or to charge the account accordingly. In addition, in the event of an incorrect amount or entry, I authorize the Administrative Office to reverse this transaction. I reserve the right to cancel this authorization and direction by giving written notice to the Administrative Office.

I will notify the Administrative Office when I change my permanent residence and advise at that time if payments are to continue to be sent to the financial institution named above.

Signature \_\_\_\_\_

Date \_\_\_\_\_