



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 _____