

Direct Deposit Request

District Office

Worker _____

Name (please print) _____ SSN _____

Head of Household (if different) _____ SSN _____

To start direct deposit or to change banks or accounts, fill out section 1 below. To end direct deposit because you have closed your account and do not plan to open another account now, fill out section 2. We cannot take any actions to begin, change, or end direct deposit without this signed form.

1. To Start Direct Deposit or Change Bank Accounts:

Please **attach a deposit slip** for your account with the word VOID written across it. The computer codes on your deposit slip help us deposit the money to the correct bank and account. If you do not have a deposit slip, it is very important that you give us the correct bank name, account number, and all the names on the account. You will get a notice telling you when direct deposit will start. You may receive your benefits by check while we make this change.

Bank or credit union _____

Account number _____

Names on the account _____

This account is for: _____ checking _____ savings

Please deposit my _____ Reach Up _____ Food Stamp cash-out _____ Essential Person benefits into this account.

If you change or close your account after you start direct deposit, tell your worker right away.

Signature _____ Date _____

2. To End Direct Deposit:

Please sign below if you no longer have a checking or savings account. You will get a notice telling you when you will begin receiving your benefits through EBT (electronic benefit transfer). If you do not have a Vermont Express EBT card, we will send you one and a booklet about how to use it.

Signature _____ Date _____