# **Direct Deposit Enrollment Authorization Form**

Special Assistance (SA) including SA In-Home, Refugee Cash Assistance (RCA) and Work First Cash Assistance (WF) benefits are issued as electronic payments. Payments will be issued as a Direct Deposit to your personal savings or checking account, or a facility collective account, provided it is an appropriately title fiduciary account. The term "fiduciary" means the payee may not seek personal benefit from managing the money of those they represent. A fiduciary title shows the payee manages the account but does not own the account. The beneficiaries own the account, but do not have access to the account.

### Here's how Direct Deposit works

Each month your benefits will be electronically deposited into your checking or savings account. A separate notice is not sent to you when funds are deposited.

#### **Bank Fees**

While Direct Deposit is free, some banks charge fees for accounts. Make sure you understand the bank rules and fees that 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 choose only one account for each program payment. SA payments cannot be deposited into a facility operating account. The facility must have separate accounts for SA payments and operating expenses.

### When will Direct Deposit Start?

The county social/human services agency can tell you when direct deposit will begin for your program benefit.

### How to sign up for Direct Deposit

Complete Section 1. (The county agency can assist you.)

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

# **Stopping Direct Deposit**

Contact your local department of social/human services agency to cancel your direct deposit authorization. You may be required to complete a Request to Cancel Direct Deposit form.

You must complete a new form if you change your account.

Section 1 (to be complet	ed by Case Nominee/Payee)							
Name of Case Head (last, first, middle initial)		Social Security Number (SSN)		Telephone number				
Name of Payee (if different than Case Head)		Payee's SSN		Gender	DOB	Preferred language		
Type of Account	Account Number:	Name(s) on Account		Bank Name				
□Checking □Savings								
Nominee/Payee's Mailing Address (Street, Route No., P.O Box)		City/State/Zip code		Payee's Telephone Number				
•	ount. DSS may make deposits to		I rtment of Social Services (DS count until I cancel this autho		Services /	Agency	/ to make	
Attach one of the followin	•							
	ed or cancelled check with my na		•	er preprinted	d by the b			
Print Name		Signature				Date		
Print Name of Payee (if different than Case Head)		Signatu	ire	Date		ite		
Section 2 (to be complete	ed by the bank if a cancelled or vo	ided ch	neck is not attached or if depo	siting to a S	avings Ac	count)	)	
Name and Address of Financial Institution		Routing Number:						
			Account Number:					
Name(s) on Account			Type of Account:					
				☐ Check	ing		Savings	
Print or Type Bank Representative's Name		Signature		Telephone I	Number	Date		
		For County Use Only						
North Carolina Department of Health and Human Services			e No:	CNDS No				

Circle the applicable program area:

WFFA SA

SA In-Home RCA