Information Regarding Direct Deposit

◆--Please read carefully – improper submissions may delay the Direct Deposit process--◆

Direct deposit is the electronic transfer of your weekly Unemployment Insurance payment into your bank account. Direct deposit eliminates mailing delays, the possibility of a check being lost or stolen and alleviates the need to go somewhere to cash or deposit your check. When you sign up for direct deposit, you are giving the Department of Economic Security permission to credit your bank account.

To sign up for direct deposit, complete the application form on the next page. The form is interactive—you can complete it on your PC and print it. In order to process your request for direct deposit, you must provide the bank routing and account numbers from the financial institution where the account is maintained. These codes are posted on your checks. For direct deposits into either a checking or savings account—a blank check with VOID written across the front must be mailed with your completed form. If you do not have a blank check, you must have your financial institution complete Section A (on page two of the Direct Deposit Agreement form).

♦ -- DO NOT SEND A DEPOSIT SLIP -- ♦

Deposit slips do not have the necessary codes to set up direct deposit and will not be accepted.

Submitting anything other than a voided check or the completed Section A of the Direct Deposit Agreement form will delay the process.

Mail your completed application along with a <u>voided check</u> or <u>Section A of the Direct Deposit Agreement form</u> <u>which has been completed by your financial institution</u> to:

Arizona Department of Economic Security Employment Administration PO Box 21106 Phoenix, AZ 85036-1106

♦--IMPORTANT NOTE--•

The above address is to be used only for mailing direct deposit forms. If you send other correspondence or materials to this address, it could delay receipt by the party for whom it is intended.

Before direct deposit can begin, a test transaction will be sent to your bank or credit union to verify your routing and account numbers. This normally takes **10 days** and you will continue to receive any benefit payments you are entitled to by check during this period.

Payments are usually posted to your account **two working days** after the funds are transferred. You can see when your payment was transferred by accessing **AZUI.COM**, selecting "**File Your Weekly Claim Online**" from the menu on the left of the page and then "**View Payment Information**" from the drop-down menu. If you choose to file your weekly claims by telephone using **TIPS** (Telephone Information and Payment System), payment inquiries are available through **Option 2**. You will need to contact your bank or credit union to determine when the benefit payment is actually posted to your checking or savings account.

♦--If there are any changes to your bank or credit union account, must notify us immediately--♦

Changes to your bank or credit union account must be provided in writing to the address shown above. A new form must be completed and mailed to the department if you **close** or **change** your checking or savings account. If you **change** your **account** and wish to **continue** with direct deposits, you must include a **blank check** from the **new account** with **VOID** written across the front or a **newly completed Section A**. The reported change will be verified with your bank or credit union. As with the initial application for direct deposit, this verification will take approximately **10 days** and you will receive any benefit payments made during this time by check.

Arizona Department of Economic Security Employment Administration Agreement for Direct Deposit

Mail to:

Arizona Department of Economic Security Employment Administration PO Box 21106 Phoenix, AZ 85036-1106

Direct deposit Agreements will only be accepted by mail - do not fax

Direct deposit Agreements will only be accepted by mail – do not lax.				
Name:	Social Security Number			
I authorize the Arizona Department of Economic Security, Employment Security Administration, to make automatic deposit of the full amount of any payments of my weekly unemployment benefits to my:				
Checking Account	Savings Account			
I authorize the Arizona Department of Economic Section the automatic deposit of any payments of my unemp	curity, Employment Security Administration, to terminate loyment benefits.			
I authorize the Arizona Department of Economic Sec automatic deposit of any payments of my unemployr	curity, Employment Security Administration, to change the nent benefits to my:			
Checking Account	Savings Account			
ATTACH VOIDED CHECK FROM YOUR CH	ECKING OR SAVINGS ACCOUNT HERE			
If a voided check is not available: take t have a representative complete mail the completed form (both pages, if a	te Section A on page 2, and			
I understand that the Arizona Department of Economic Secu automatically deposit unemployment benefits only to a separ above claimant is listed.				
I understand that is my own responsibility to verify any sbanking institution.	such deposits of unemployment benefits with my			
This authorization shall remain in effect until the Arizona Depnotification from me to terminate or otherwise change the authorification shall be delivered in a timely manner in order to a opportunity to comply. In no event shall any such termination processed or being processed by the Arizona Department of receipt of my notification.	tomatic deposit of my unemployment benefits. Such ifford the Arizona Department of Economic Security an or change affect any unemployment benefits previously			
In the event of an error in the automatic deposit of my unempositing institution to correct the error in my account. I under notification from the Arizona Department of Economic Securi	stand that if an error is made, I shall receive written			
I authorize my banking institution to release to the Arizona Depertaining to my receipt and eligibility for unemployment bene				
Signature:	Date:			

SECTION A - TO BE COMPLETED BY FINANCIAL INSTITUTION

NAME AND ADDRESS OF FINANCIAL INST	TITUTION:	ROUTING NUMBER:			
		ACCOUNT NUM	MBER:		
FINANCIAL INSTITUTION CERTIFICATION					
As representative of the above-named financial institution, I confirm the identity of the payee, the routing and account numbers.					
PRINT/TYPE REPRESENTATIVE NAME	SIGNATURE OF REPRES	SENTATIVE	TELEPHONE NUMBER	DATE	