



**DIVISION OF
EMPLOYMENT
SECURITY**

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

**DIRECT DEPOSIT AUTHORIZATION/
CHANGE REQUEST**

The Division of Employment Security provides a safe, easy, and trouble-free way for you to receive your weekly unemployment benefits. **Direct Deposit places your benefit payment electronically into your checking or savings account.** Direct Deposit information from a prior claim automatically carries over to a new benefit year claim.

AUTHORIZATION/CHANGE

Use this form to apply for direct deposit or change the direct deposit account information on file.

I hereby authorize Missouri Division of Employment Security, hereinafter called MODES, to initiate credit entries and debit entries for any erroneous credit, to my checking or savings account at the following bank or financial institution:

_____ ,
(bank or financial institution)

hereinafter called DEPOSITORY, to credit and/or debit the same to such account. I have enclosed one of the following for MODES use, necessary to allow deposits into my account: *(check one)*

- CHECKING ACCOUNT – Enclose a voided or canceled check.
- SAVINGS ACCOUNT – Enclose savings account number and routing number or savings deposit slip.

This authority is to remain in force until MODES has received notification from the undersigned of its termination in such time and in such manner as to afford MODES and DEPOSITORY a reasonable opportunity to act on it.

Social Security Number _____ Name _____
(please print)

Signature _____ Date _____

Direct deposit does not take effect until 6 days after entry into our system to allow account verification with your bank or credit union. If benefits are due before that date, payment will be made by debit card. Information about deposits made to your account may be checked by calling the local/toll free number that you use for filing weekly claims, select “CLAIMANT INFORMATION” and then “AUTOMATED INFORMATION ABOUT A WEEK YOU HAVE ALREADY CLAIMED” or on the web at www.labor.mo.gov/DES and click on “VIEW CLAIM STATUS.”

MAIL COMPLETED FORM AND DOCUMENTATION TO:

Attn: Benefits Section
Missouri Division of Employment Security
P.O. Box 2313
Jefferson City, MO 65102-2313

**DUE TO ELECTRONIC PROCESSING, THIS FORM
AND THE DOCUMENTATION MUST BE MAILED.
DO NOT FAX.**