

Direct Deposit Enrollment

CHECK ONE

New Request Change Account Cancel Direct Deposit

Personal Information: Please print.

NAME (YOUR LAST NAME, FIRST NAME, AND MIDDLE INITIAL)	YOUR TELEPHONE NUMBER (AND AREA CODE)
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YOUR MAILING ADDRESS

YOUR CLIENT IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER

Financial Institution Information

NAME OF FINANCIAL INSTITUTION

BRANCH LOCATION (CITY, STATE)

ROUTING NUMBER

ACCOUNT NAME

ACCOUNT TYPE (CHECK ONE)

Checking or Savings

NOTE: Be sure to include a pre-printed deposit slip, a voided check, or a financial institution printout showing the account number and routing number.



Please read the following and sign below.

I authorize the Department of Social and Health Services (DSHS) to deposit my cash assistance benefits directly into the account listed above. I will immediately notify DSHS if my banking information changes. I must submit a new authorization form to change my direct deposit. I can stop my direct deposit by notifying DSHS. Deposit of ongoing benefits will be made on the first banking day of the month.

I have read and understand the above.

SIGNATURE

DATE

Office Use Only

DATE RECEIVED

ENTERED BY



Direct Deposit / Electronic Benefits Transfer (EFT)

DSHS can deposit cash benefits into your bank account.

To receive direct deposit do the following:

1. Fill out and sign the form on the other side of this page.
2. Provide a voided check or deposit slip from your bank or credit union.
3. Mail to:

DSHS DIRECT DEPOSIT / EFT
PO BOX 9254
OLYMPIA WA 98507-9254

It can take up to two (2) months to **start** direct deposit after we receive your enrollment form.

You will receive a letter before direct deposit begins.

You will still need your Washington QUEST EBT card when you have direct deposit to:

- Spend your food benefits in grocery stores.
- Receive your cash benefits before direct deposit starts.
- Receive your cash benefits after direct deposit ends.

Cash benefits are deposited on the first (1st) banking day of every month. For example, if the first day of the month is Saturday, your benefits will not be available until Monday, the third (3rd) day of the month.

To stop Direct Deposit:

To stop your cash benefits from going into your bank account:

1. Create a signed written request.
2. Mail to:

DSHS DIRECT DEPOSIT / EFT
PO BOX 9254
OLYMPIA WA 98507-9254

Or call the number below.

It can take up to two (2) months to **stop** direct deposit after we receive your written request.

If you have any questions about direct deposit or you need additional enrollment forms contact:

DSHS Direct Deposit/EFT
1-888-235-2954