

Louisiana Department of Children and Family Services
Economic Stability
STEP Program

DIRECT DEPOSIT AUTHORIZATION FORM

Return to:

Client Name: _____

Member ID: _____

Please **TYPE** or Legibly **PRINT** all information in **INK**.

Section 1: PARTICIPANT CASE INFORMATION

Name: _____

Mailing Address: _____

City/State/ZIP: _____

Daytime Telephone #: () _____ Home Telephone #: () _____

Social Security Number: _____

Section 2: FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____

Mailing Address: _____

City/State/ZIP: _____

Telephone #: () _____

Routing Number: _____ Account Number: _____

Account Type (Check One): ☐ Checking* ☐ Savings*

Check One: ☐ New Request ☐ Change Account ☐ Cancel Direct Deposit

***Note:** Be sure to include a voided check for checking accounts. For savings accounts, submit a statement from your financial institution showing the account number and routing number.

Section 3: AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF SUPPORTIVE SERVICE PAYMENTS

I authorize the Department of Children and Family Services (DCFS) to deposit my supportive service payments directly into my checking account or savings account as specified above. DCFS is also authorized to adjust any over/under deposit it has made to my checking account or savings account. I understand the deposits/adjustments will be made electronically by Automated Clearing House Network (ACH) transactions and I must allow the Federal Reserve two work days from the disbursement date to have the funds available to my financial institution. I also understand the following: It is my responsibility to provide correct routing and account information for ACH transmissions by attaching a voided check for a checking account or a statement from my financial institution showing the account number and the routing number for a savings account. I will immediately notify DCFS if my banking information changes. I must submit a new Direct Deposit Authorization form to change or cancel my direct deposit. I must notify DCFS of any changes to my address. I must include my name and social security number on all correspondence regarding direct deposit. To verify when a payment is posted to my account and funds are available, I will have to contact my financial institution.

By signing below I signify that I have read and agree to all of the conditions listed above.

Signature: _____ Date Signed: _____

Office Use Only

Date Entered: _____ Entered By: _____

Do Not Complete This Form If You Want A Stored Value Card

Direct Deposit Form Instructions

This form authorizes direct deposit into your account and is to be used only for STEP supportive service payments. If you select to have your STEP supportive service payments sent to your financial institution, you must complete this form to authorize the action. The financial institution may be any bank, savings and loan association, federal or state chartered credit union or similar institution. If you do not have an account in one of these institutions contact the financial institution of your choice to establish an account.

Deposits will be made by way of electronic funds transfer (EFT) from the Department of Children and Family Services to your account, provided your financial institution is a member of the Automated Clearing House (ACH) system. In the event your financial institution is not a member of the ACH System, a Stored Value Card will be issued.

Section 1-Participant Case Information

Name: Name of the person to whom the STEP supportive service payment is made. This is the STEP participant who is entitled to such payment.

Mailing Address: Mailing address of the participant. Provide complete address including an apartment number (where appropriate). This address must be kept current with the Department of Children and Family Services. **Please notify your STEP Case Manager when the address changes.**

Telephone Numbers: Area code and daytime telephone number of the participant or the telephone number of the person who may represent the participant.

Social Security Number: Social Security number of the participant. The Social Security number is used to identify the participant's records and payments.

Section 2-Financial Institution Information

Name of Financial Institution: Complete the name, address and telephone number of the financial institution to which the payment will be sent (bank, savings and loan association, credit union, etc.) and the branch designation.

Routing Number: The routing number is the participant's bank federal identification number.

Account Number: The account number is a group of numbers assigned to an individual at a financial institution for tracking purposes.

Reason for Completing this Form: Identify the type of account in which supportive service payments are to be deposited. The account may be either a checking (C) or savings (S) account. Attach a voided personal check or submit a statement from your financial institution showing the account number and routing number.

Section 3- Authorization Agreement for Direct Deposit of Supportive Service Payments

Signature: Sign and date the form. The signature must be that of the participant.