APPROVED NEW DIRECT DEPOSIT LETTER

COUNTY OF

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number: _____
Address : _____
_____
_____

(Addressee)

Payee Name: _____

You asked to have your payment or cash aid deposited directly into your bank account. This was completed on _____. Your first direct deposit payment into your bank account may take 30 to 45 days from the completed date above.

Your current Direct Deposit information is listed below:

PAYEE NAME: _____

FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: _____

Please call the county at the number listed above, as soon as possible, if the information we have about your account is wrong or if you close this bank account.

If there is a problem that stops the direct deposit of your payment or cash aid into your account, your benefits may be issued by EBT card or check.