

RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING

Unemployment Insurance Division

P.O. Box 20340

Cranston, RI 02920-0944

Mail to the above address or fax to: **401-462-8185****BENEFIT PAYMENT SELECTION OR CHANGE FORM**

Complete this form to select or change your Unemployment Insurance benefit(s) payment method.

Direct Deposit is an option offered to you for your convenience. It will not speed up the actual payment of your benefits. Your deposit normally will be in your account 24 to 48 business hours after payment is authorized. Contact your bank to verify the deposit.

To elect direct deposit, fill out all of the **Personal Information** and **Bank Information** requested below. You may have to contact your bank to obtain the bank's Routing Number. If you are applying for direct deposit to a checking account, attach a CHECK MARKED "VOID" to this form. If a savings account, include any bank documentation as proof of routing and account numbers. Sign and date this application and mail or fax it to the address indicated above or fax.

If you are canceling direct deposit, check that option, sign and date the form below.

If you are selecting the Electronic Payment Card (EPC), check that option, sign and date the form below.

PERSONAL INFORMATION (Please Print Clearly)

Your Name:		Social Security No:	XXX	XX	(last 4 digits only)
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Your Telephone Number: _____

BANK INFORMATION (Only one bank account may be entered)

Name of Your Bank:
Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Account Number: (Attach voided check also)
Your Bank's Routing Number:

Please check one:

- I authorize my net check to be direct deposited to the financial institution and account named above
- I request cancellation of direct deposit of my net check
- I request the Electronic Payment Card method of benefit payment

Signature: _____ Date: _____