

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Workforce Administration
Unemployment Insurance Program

INFORMATION REGARDING DIRECT DEPOSIT

PLEASE READ CAREFULLY - Improper submissions may delay the direct deposit process.

Direct deposit is the electronic transfer of your weekly unemployment benefit payment into your bank account.

This method of payment is an alternative to the Electronic Payment Card (debit card). When you sign up for direct deposit, you are giving the Department of Economic Security permission to credit your bank account.

To sign up for direct deposit, complete the application form on the next page. The form is interactive—you can complete it on your PC and print it. In order to process your request for direct deposit, you must provide the **bank routing** and **account numbers** from the financial institution where the account is maintained. These codes are printed on your checks. For direct deposits into **either a checking or savings account a blank check with “VOID” written across the front** must be mailed with your completed form. If you do not have a blank check, you must have your financial institution complete **Section A** of the Agreement for Direct Deposit form (on page two).

DO NOT SEND A DEPOSIT SLIP
Deposit slips do not have the necessary codes to set up direct deposit and will not be accepted.
Submitting anything other than a voided check or the completed
Section A of the Agreement for Direct Deposit form will delay the process.

Mail your completed application along with a **voided check or Section A of the Agreement for Direct Deposit form completed by your financial institution** to:

Arizona Department of Economic Security
Workforce Administration
PO Box 6666
Phoenix AZ 85005-6666

IMPORTANT NOTE: The above address is to be used only for mailing direct deposit forms. If you send other correspondence or materials to this address, it could delay receipt by the party for whom it is intended.

Direct deposits generally begin **10 days** after we receive your application and voided check. You will continue to receive any benefit payments you are entitled to **by check** during this period.

Payments are usually posted to your account **two working days** after the funds are transferred. You can see when your payment was transferred by accessing **AZUI.com**, selecting “**View UI Claim Information**” from the “**Online Services**” menu on the left of the page. When you reach the main page of the online claim filing system, select “**View Claim Information**” from the drop-down menu. If you choose to file your weekly claims by telephone using **TIPS** (Telephone Information and Payment System), payment inquiries are available through **Option 2**. You will need to contact your bank or credit union to determine when the benefit payment is actually posted to your checking or savings account.

If there are any changes to your bank or credit union account, you must notify us immediately.

Changes to your bank or credit union account must be provided in writing to the address shown above. A new form must be completed and mailed to the Department if you **close** or **change** your checking or savings account. If you **change** your **account** and wish to **continue** with direct deposits, you must include a **voided check** from the **new account**, or a **completed Section A, on a new Agreement for Direct Deposit**. The reported change will be verified with your bank or credit union. This verification will take approximately **10 days** and you will receive any benefit payments made during this time by check. If you wish to **terminate** your direct deposit, you must complete a [Cancellation of Direct Deposit \(ESA-1126A\) form](#). Forms can be accessed on-line at **AZUI.com**.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Workforce Administration
 Unemployment Insurance Program

AGREEMENT FOR DIRECT DEPOSIT

MAIL TO: Arizona Department of Economic Security
 Workforce Administration
 PO Box 6666
 Phoenix AZ 85005-6666

Direct Deposit Agreements will only be accepted by mail. DO NOT fax or e-mail completed forms.

APPLICANT'S NAME _____ SOCIAL SECURITY NUMBER _____
 (Print or type)

I authorize the Arizona Department of Economic Security, Unemployment Insurance Program, to make automatic deposit of the full amount of any payments of my weekly unemployment benefits to my:

Checking Account Saving Account

I authorize the Arizona Department of Economic Security, Unemployment Insurance Program, to change the automatic deposit of any payments of my unemployment benefits to my:

Checking Account Saving Account

ATTACH VOIDED CHECK FROM YOUR CHECKING OR SAVINGS ACCOUNT HERE

If a voided check is not available: take this form to your bank or credit union, have a representative complete Section A below. Mail the completed form to the address shown above.

SECTION A

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER

ACCOUNT NUMBER

FINANCIAL INSTITUTION CERTIFICATION

As representative of the above-named financial institution, I confirm the identity of the payee, the routing and account numbers.

REPRESENTATIVE'S NAME _____ TELEPHONE NUMBER _____
 (Print of type)

REPRESENTATIVE'S SIGNATURE _____ DATE _____

I understand that the Arizona Department of Economic Security, UI Program, can automatically deposit unemployment benefits only to a separate or joint banking account under which the name of the above individual is listed.

I understand that is my own responsibility to verify any such deposits of UI benefits with my banking institution.

This authorization shall remain in effect until the Arizona Department of Economic Security has received written notification from me to terminate or otherwise change the automatic deposit of my unemployment benefits. Such notification shall be delivered in a timely manner in order to afford the Arizona Department of Economic Security an opportunity to comply. In no event shall any such termination or change affect any unemployment benefits previously processed or being processed by the Arizona Department of Economic Security for automatic deposit at the time of receipt of my notification.

In the event of an error in the automatic deposit of my unemployment benefits to my account, I authorize my named banking institution to correct the error in my account. I understand that if an error is made, I shall receive written notification from the Arizona Department of Economic Security with an explanation of such error.

I authorize my banking institution to release to the Arizona Department of Economic Security any account information pertaining to my receipt and eligibility for Unemployment Insurance benefits.

APPLICANT'S SIGNATURE _____ DATE _____