

Mail to: Alabama Department of Labor
Attn Fund Control Room 5228
649 Monroe Street
Montgomery, Al 36131

ALABAMA DEPARTMENT OF LABOR AGREEMENT FOR DIRECT DEPOSIT

Please Print

Name	Social Security Number:
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START I authorize the Alabama Department of Labor to make automatic deposit of the full amount of any payments of my weekly unemployment benefits to my:

Checking Account Savings Account

(ATTACH VOIDED CHECKS) **(ATTACH DEPOSIT SLIP)**

STOP I authorize the Alabama Department of Labor to terminate the automatic deposit of payments of unemployment benefits.

CHANGE I authorize the Alabama Department of Labor to change the automatic deposit of payments of unemployment benefits according to the changes shown below. I understand that the Alabama Department of Labor can automatically deposit unemployment benefits only to a separate or joint banking account under which the name of the above claimant is listed and that the Department will not become involved in any disputes regarding the use of funds deposited into joint accounts.

NAME OF BANK OR FINANCIAL INSTITUTION		
CITY	STATE	ZIP CODE
BANK ACCOUNT NUMBER	TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
ROUTING NUMBER		

This authorization shall remain in effect, regardless of the establishment of any subsequent benefit year claim and until the Alabama Department of Labor 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 Alabama Department of Labor an opportunity to comply. In no event shall any such termination or change affect any unemployment benefits previously processed by the Alabama Department of Labor for automatic deposit at the time of the 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 also understand that all transactions with my account by the Alabama Department of Labor shall be governed by the Rules of the Automated Clearing House Association.

I also understand that the Alabama Department of Labor is **NOT** responsible for errors in the bank transit routing numbers or in the account number as listed above, and is further **NOT** responsible in the event that the above selected institution is not participating in the Direct Deposit program through the Federal System.

Signature	Date
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IO _____ DATE _____