

Oklahoma Employment Security Commission Direct Deposit Enrollment Form

YOU ARE CURRENTLY ENROLLED IN THE OKLAHOMA DEBIT MASTERCARD[®] CARD PROGRAM

If you would like to sign up for Direct Deposit, you must complete this form and return it to the address below:

- You **MUST** attach either a voided check to have the funds deposited in your checking account or a savings account deposit slip to have the funds deposited in your savings account.
- **Staple or Tape your voided check or savings account deposit slip to this form.**
- Your name **MUST** be pre-printed on the voided check.
- Mail this completed form to:

**ACS for OESC Direct Deposit
400 Hudiburg Circle
Oklahoma City, OK 73108**

FAX Number: 405-947-2990

REQUIRED INFORMATION FOR DIRECT DEPOSIT

Enrollee Information

First Name: _____ **MI** _____ **Last Name** _____

Social Security Number (SSN) _____ - _____ - _____

Account where I want my benefits deposited

Bank or Financial Institution _____

Bank Address _____

Account Type (select one): ___ **Checking** ___ **Savings**

Bank Routing/Transit Number: _____

Account Number (up to 17 digits): _____

You can find your bank information on your checks as shown below:



I certify that I am eligible to receive payments from the Oklahoma Employment Security Commission (OESC). I authorize the OESC to send my payments to the financial institution named above to be deposited in the account indicated above. This authorization will remain in force until ACS receives notification asking for termination. ACS shall have a reasonable time to process the termination.

Signature: _____ **Date:** _____

ATTACH

COPY OF VOIDED CHECK

OR

COPY OF SAVINGS DEPOSIT SLIP