

NC Department of Commerce
Division of Employment Security
Post Office Box 25903, Raleigh, North Carolina 27611-5903

FAX NUMBER: (919) 733-1370

REQUEST TO CHANGE INCOME TAX WITHHOLDING / DIRECT DEPOSIT

(See web site for processing instructions)

Name: _____ SSN: _____ - _____ - _____
Address: _____

INCOME TAX WITHHOLDING

I have previously elected to have Federal/State income taxes withheld from the unemployment insurance benefits payable to me. I wish to change that election as indicated by the "X" in the block(s) below.

- I no longer want to have Federal Income Tax withheld.
- I no longer want to have State Income Tax withheld.
- I want to change the amount of my State Income Tax deduction to _____% of the gross weekly benefit amount due. (A fraction of a percent, decimal, or dollar cannot be processed.)

Signature required below.

DIRECT DEPOSIT

I have previously elected to have my unemployment benefits paid by direct deposit. I wish to change that election as indicated by the X in the block(s) below:

- I no longer want to have my unemployment benefits paid by direct deposit. I understand by checking this box my unemployment benefits will now be deposited on an DES Debit Card.**
- I authorize the North Carolina Division of Employment Security to change the bank account currently used to deposit my unemployment benefits. Deposit my unemployment insurance benefit payments into my selected account checked below (You must select one).

NOTE: If you bank with a Credit Union or Savings and Loan, please verify the routing and account numbers and complete the section below:

- Checking - You must attach a copy of a **check** (write "VOID" across the face of the check). (Deposit slips cannot be processed.)
- Savings
(Please verify the routing and account numbers with your bank and complete the section below)

Name of Bank _____

Bank Routing Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Bank Account Number _____

I understand that any authorizations that I have elected will remain in effect for the duration of my unemployment insurance claim. I also understand that any request to change any part of this authorization must be in writing.

Signature: _____ **Date:** _____