

**Oklahoma Employment Security Commission Direct Deposit Enrollment Form**

**YOU ARE CURRENTLY ENROLLED IN THE OKLAHOMA DEBIT MASTERCARD<sup>®</sup> 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**