



Department of Health
Division of Public Assistance
Direct Deposit Request

Direct deposit requests may take up to 30 days to process.
You must already have a bank account to get your benefits by direct deposit.
You will receive a notice when your direct deposit has been activated.

Check Program Choices

- ☐ Alaska Temporary Assistance
☐ Adult Public Assistance or Interim Assistance
☐ Senior Benefits Program

Notice to Payee: Please complete sections **1** through **8** for the person receiving cash benefits.

1. Social Security Number

2. Date of Birth

Month	Day	Year
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3. Full Name

First	MI	Last
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4. Phone Number

Daytime Phone

Message Phone

5. Mailing Address (must match what is currently on file)

City	State	Zip Code

6. Bank Information (Include a voided check or a deposit slip)

Name of Bank or Credit Union

Bank Routing Number (please write clearly)

Account type (select only one)

☐ Checking

Bank Account Number (please write clearly)

☐ Savings

Names of persons listed on this account:

I authorize Alaska Department of Health and its designated agents to deposit my benefits directly into my bank or credit union account and to reverse any credits deposited in error.

7. Signature of recipient or Appointed Payee

Date

8. Print name of Recipient or Appointed Payee

**A handwritten signature is required on this form.*

Have questions? Call toll free # 888-620-1111
Return this form return by email to
hss.dpa.jnu.ebt@alaska.gov, by fax to (907)465-3651, or
by mail to PO Box 110640, Juneau, AK 99811-0640.