

You can Direct Deposit Your Benefits

Income

Convenience

Protection

Availability

Why enroll in Direct Deposit?



Your funds enter your account within 2-4 days following approval for payment.



Slow mail delivery? Not with direct deposit banking.



Weather caused delays? No problem



Loss or theft? Not a chance!



No check cashing fees.

Many Alaska banks and credit unions offer no-cost or low-cost accounts to customers who want direct deposit.

Some banks provide an electronic debit card to access your account and some offer on-line banking

Check out our survey of low cost checking accounts with direct deposit.

Choose the bank or credit union that is right for you.

Open your direct deposit account. Or ask your bank representative to set up your account for direct deposit



Alaska Division of Public Assistance
Benefits Issuance & Recovery Unit
P.O. Box 110640
Juneau, Alaska 99811-0640
Call Toll Free #888-620-1111



Direct Deposit Request

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 **6** for the person receiving cash benefits and enter your name and the date in sections **7** and **8**

Recipient Information

1. Social Security Number

2. Name

First	MI	Last
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3. Date of Birth

Month	Date	Year
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4. Phone Number

Daytime

Message

5. Mailing Address

City	State	Zip Code
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6. Bank Information

(Some financial institutions will not accept a deposit unless the recipient's name is on the account)

Name of Bank or Credit Union - please include a voided check or a deposit slip

Account Number

 Checking Account

OR

 Savings Account

Names of persons listed on this account

I authorize Alaska Dept. of Health & Social Services 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

Have questions? Call toll free # 888-620-1111
Return this form to your Public Assistance Office or mail to:
Electronic Benefits Office
PO Box 110640
Juneau AK 99811
or FAX your completed form to 907-465-3651