

## DIRECT DEPOSIT AUTHORIZATION FORM

Please check one of the following boxes; you MUST indicate which action you are requesting.

- This is a NEW direct deposit application.
- This is a CHANGE in the direct deposit of my subsidy and board payments to the account identified below.
- This is to CANCEL the direct deposit payment method and to issue a debit card.

Name \_\_\_\_\_

Resource ID \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Bank/Branch Name \_\_\_\_\_

Branch Phone Number \_\_\_\_\_

**Type of Account:**

- Checking:** Include a **VOIDED** blank check from the checking account that the direct deposit will be made. Starter checks are not accepted. Your name must appear on the account. **The name on your checking account MUST match the name of the primary caregiver or parent on record with DCF.**
- Savings:** Have your bank provide the appropriate account and routing number on bank letterhead signed by a bank representative. Your name must appear in the letter and on the account. **The name on your savings account MUST match the name of the primary caregiver or parent on record with DCF.**

**I authorize the State of New Jersey to make deposits of subsidy and board payments to the account listed above until further notice. Such notice will be in writing, and will allow the State of New Jersey reasonable time to process the cancellation. If funds are mistakenly deposited into my account, I authorize the State of New Jersey to deduct the amount of the error from my account or from my future payments.**

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

When completed and signed, mail or fax this authorization form and paperwork to:

Mail to:  
DCF Direct Deposit Enrollment  
PO Box 55058  
Trenton, NJ 08638

OR

Fax to:  
(609) 570-4287

*This form can be viewed and downloaded by visiting [www.njdcpaymentcenter.com](http://www.njdcpaymentcenter.com)*