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 Independent Living Stipend to the account identified below.**

☐ **This is to CANCEL the direct deposit of my Independent Living Stipend and to issue a Q Card.**

Name_____
(First) (MI) (Last)

Resource ID _____

Home Phone _____ **Cell Phone** _____

Bank/Branch Name _____

Branch Phone Number_____

Type of Account:

☐ **Checking: Include a VOIDED blank check from the checking account into which the direct deposit will be made. Starter checks are not accepted. Your name must appear on the check and on the account. The name that appears on your checking account MUST match your name on record with CP&P.**

☐ **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 that appears on your savings account MUST match your name on record with CP&P.**

I authorize the State of New Jersey to make deposits of my Independent Living Stipend 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
P.O. Box 55058
Trenton, NJ 08638

OR

Fax to:
(609)570-4287

This form can be viewed and downloaded by visiting www.njquickcents.com

For office use only: Received Date _____ **Processed By** _____