



**RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING**  
**Unemployment Insurance Division**  
 P.O. Box 20340  
 Cranston, RI 02920-0943

*Note: Once your claim is approved, you must call Teleserve each week to request payments.*

## DIRECT DEPOSIT AUTHORIZATION /CANCELLATION

Complete this application ONLY if you would like your benefits electronically deposited into your existing checking or savings account, or if you are canceling the direct deposit of your benefits.

Direct Deposit is an option offered to you for your convenience. Your deposit normally will be in your account forty-eight hours after the payment has been approved by the Department of Labor and Training. If necessary, contact your bank to verify the deposit.

**To Elect Direct Deposit:** complete all of the **Personal Information** and **Bank Information** requested below. If you are applying for direct deposit into a checking account, attach a CHECK MARKED "VOID" to the application. (see reverse for sample of routing and account numbers) If a savings account, include any bank documentation as proof of routing and account numbers. You may have to contact your bank to obtain the bank's Routing Number.

Check the appropriate box under **Direct Deposit Authorization/Cancellation**. Sign and date this application and mail it to; RI Department of Labor and Training, PO Box 20340, Cranston, RI 02920-0943.

**To Cancel Direct Deposit:** complete all of the **Personal Information**, you do not need to complete the Bank Information. Check the cancellation option, sign and date the form and mail it to; RI Department of Labor and Training, PO Box 20340, Cranston, RI 02920-0943.

### PERSONAL INFORMATION (Please Print Clearly)

Your Name:		Social Security No:			
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### BANK INFORMATION (Only one bank account may be entered)

Name of Your Bank:	
Bank Account Type (check one):	<input type="checkbox"/> Checking      OR <input type="checkbox"/> Savings
Bank Account Number: (Attach check marked "void")	
Your Bank's Routing Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

### Direct Deposit Authorization/Cancellation

PLEASE CHECK ONE:

I authorize my net benefits to be sent to the financial institution named above to be deposited into the designated account.

I request cancellation of direct deposit.

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