



AGREEMENT FOR DIRECT DEPOSIT

Name (Please Print)	Social Security No. / /
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- START** I authorize the Louisiana Department of Labor, Office of Regulatory Services, to make automatic deposit of the full amount of any payments of my weekly unemployment benefits to my:
_____ CHECKING ACCOUNT _____ SAVINGS ACCOUNT
- STOP** I authorize the Louisiana Department of Labor, Office of Regulatory Services, to terminate the automatic deposit of any payments of my unemployment benefits.
- CHANGE** I authorize the Louisiana Department of Labor, Office of Regulatory Services, to change the automatic deposit of any payments of my unemployment benefits according to the changes listed below.

I understand that the Louisiana Department of Labor, Office of Regulatory Services, can automatically deposit unemployment benefits only to a separate or joint banking account under which the name of the above claimant is listed.

I UNDERSTAND THAT IT IS MY OWN RESPONSIBILITY TO VERIFY ANY SUCH DEPOSITS OF UNEMPLOYMENT BENEFITS WITH MY BANKING INSTITUTION.

NAME OF BANK OR FINANCIAL INSTITUTION									
CITY						STATE		ZIP	
BANK ACCOUNT NUMBER						TYPE OF ACCOUNT Checking Savings			
TRANSIT AND ROUTING NO.									

This authorization shall remain in effect until the Louisiana Department of Labor has received written notification from me to terminate or otherwise change the automatic deposit of my unemployment benefits. Such notification shall be delivered in a timely manner in order to afford the Louisiana Department of Labor an opportunity to comply. In no event shall any such termination or change affect any unemployment benefits previously processed or being processed by the Louisiana Department of Labor for automatic deposit at the time of receipt of my notification.

In the event of an error in the automatic deposit of my unemployment benefits to my account, I authorize my named banking institution to correct the error in my account. I understand that if an error is made, I shall receive written notification from the Louisiana Department of Labor with explanation of such error. I also understand that all transactions with my account by the Louisiana Department of Labor shall be governed by the Rules of the Louisiana, Alabama, Mississippi Automated Clearing House Association.

I also understand that the Louisiana Department of Labor is NOT responsible for errors in the bank transit routing numbers or in the account numbers, as listed above, and is further not responsible in the event that the above selected institution is not participating in the Direct Deposit program through the Federal Reserve System.

SIGNATURE	DATE
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Mail Application To:
Louisiana Department of Labor
EFT Processing – U. I. Accounting
P. O. Box 94186
Baton Rouge, LA 70804-9186

FOR OFFICIAL USE ONLY	
CLAIM BYE ____/____/____	