**Direct Deposit**

**Massachusetts Department of Transitional Assistance**

Give this form to DTA

* Mail your verifications to: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
* Fax to: **(617) 887-8765**; or
* Upload to: DTA Connect App

# Instructions

* To sign up for Direct Deposit, read the back of this form and complete and sign Sections 1 and 2.   
  If you share the account, have the other account holder sign the Joint Account Holder’s Agreement.
* To receive your benefits by direct deposit without delay, please make sure that all the information on this form this is correct.  This includes your account number and the bank's routing number.

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# Section 1 (For the Client) Agency ID\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name      Address (Street, P.O. Box)      City State ZIP Code      Telephone    Last 4 of SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of Account Checking Savings  Other (specify) | Account Number for Direct Deposit   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Client Agreement**  I agree that DTA may send my cash assistance payments to this account and take back any deposit that it makes in error. I agree that the financial institution is not responsible for errors or corrections by DTA.  **Signature** **Date** |
| Joint Account Holder’s Agreement (if applicable)  I agree to the terms on the back of this form under Notice To Joint Account Holders.  Signature Date |

**Section 2 Financial Institution Information**

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| --- | --- | --- | --- |
| Name and Address of Financial Institution |  | Routing Number |  |

CA/DD (Rev. 9/2020)

18-034-0920-05

# DTA’s Direct Deposit Program

DTA will use the information on this form to send your cash assistance benefits to your account at the financial institution (bank) listed in Section 2.

# Routing Number

To complete this form, DTA will need your bank’s routing number. The routing number is a nine-digit code that's based on the Bank location where your account was opened. It's the first set of **numbers** printed on the bottom of your checks, on the left side. If you have any questions or problems accessing your routing number, please contact your case manager.

# Direct Deposit Requirement

If you have an active bank account, you must get your cash benefits using direct deposit unless you meet an exception to this rule. If you do not set up direct deposit and you do not meet an exception, we may lower or stop your cash benefits. If there is a good reason you cannot use direct deposit, tell your case manager.

# Access to Account

Once the direct deposit is made, DTA no longer controls the money. If you have any questions or problems accessing money in your account, contact your bank.

# Cancellation

Direct deposit will continue until your cash assistance stops, you tell DTA to cancel it, or your bank account closes.

The bank may also cancel your direct deposit by sending a notice 30 days in advance to the address listed on the account. Tell DTA right away if the bank cancels your direct deposit. The bank cannot cancel your direct deposit just by telling DTA.

# Changing Banks

To change your direct deposit to another bank, tell DTA. Then fill out a new copy of this form with your new account information. It is best to keep accounts at both banks until DTA has made a direct deposit into the new account.

# Notice to Joint Account Holders

Tell DTA and the bank right away if an account holder dies. If DTA deposits benefits after the client’s date of death or ineligibility, you must return those benefits to DTA. By signing in Section 1, you authorize the bank to return such benefits to DTA upon DTA’s request.

# False Statements

It is against the law to give false information related to the electronic transfer of funds. There could be a fine of up to $5,000 or jail for up to 1 year or both. (Mass. General Laws Chapter 167B, Section 21)

This institution is an equal opportunity provider.