

Massachusetts State Supplement Program Direct Deposit Authorization

Instructions: Clients who receive SSI should submit all bank account changes directly to the Social Security Administration; do not use this form.

To sign up for Direct Deposit, the account holder is to read the back of this form and fill in the information requested in Section 1; the financial institution should complete Section 2. The completed form must be returned *by the account holder* to: **Massachusetts SSP, PO Box 4018, Taunton, MA 02780-0315 (fax: 857-323-8310).**

The account holder must keep the Massachusetts State Supplement Program (SSP) informed of any changes, including changes of address, in order to receive important information about payments and to remain qualified for payments. For questions please call the **SSP Assistance Line at 1-877-863-1128.**

REQUIRED: The information below is for the account belonging to the: **SSP Client** **Designated Payee**

SSP Client Name:	Date of Birth:	Last 4 Digits of SSN:
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Section 1 (To be completed by the Account Holder)

<p>A Account Holder Name</p> <p>_____</p> <p style="text-align: center;">(last, first, middle initial)</p> <p>Account Holder Address</p> <p>_____</p> <p style="text-align: center;">(number and street, apartment, or PO Box)</p> <p>_____</p> <p>(city) (state) (zip code)</p> <p>Telephone Number (+ Area Code)</p> <p>()</p>	<p>C Account Number</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p>D Account Holder Certification</p> <p>I certify that I am entitled to the payments associated with the SSP case named on this form, and that I have read and understand the back of this form. In signing this form, I authorize assistance payments to be sent to the financial institution named above to be deposited into the designated account. I also authorize the SSP to adjust any over-deposit which is caused to be made to my account. I will not hold the financial institution named below liable for any deposits made in error or adjustments made by SSP.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p>																				
<p>B Type of Deposit Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Other (specify)</p>	<p>E Joint Account Holder's Certification (if applicable)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p>																				

Section 2 (To be completed by the Financial Institution)

<p>A Name and Address of the Financial Institution</p>	<p>B Routing Number</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: right;">Check Digit</p> <p style="text-align: right;"> </p>											
<p>C Account Title</p>												
<p>D Financial Institution Certification</p> <p>I confirm the identity of the above account holder(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit payments identified above in accordance with 209 CMR Part 31.</p>												
Print or Type Representative Name	Signature of Representative	Telephone Number	Date									

Please Read This Carefully

The information on this form will be used to process payment data from the Massachusetts State Supplement Program (SSP) to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payment through the Direct Deposit Program.

Change in Client's and/or Designated Payee's Circumstances

Any change in the client's and/or designated payee's circumstances, such as changes in address, must be immediately reported to SSP at 1-877-863-1128, and to the financial institution. Failure to do so may result in not receiving important information and/or loss of payment.

Access to Account

Once the direct deposit is electronically completed, any questions regarding access to the funds are between the account holder and the financial institution. **All inquiries and liability regarding access to funds must be addressed to the financial institution.**

Special Notice to Joint Account Holders

Joint account holders should immediately advise both the SSP and the financial institution of the death of an account holder. Funds deposited after the date of death or ineligibility of the SSP client are to be returned to the SSP. Each joint account holder hereby irrevocably directs the financial institution, upon notice and request from the SSP, to return such funds to the SSP. The financial institution will be held harmless by the SSP for any claims arising in connection with this procedure.

Cancellation

The agreement represented by this authorization remains in effect until the termination of assistance, death or legal incapacity of the account holder, or until canceled by the account holder by notice to the SSP. When benefits are provided by the Social Security Administration (SSA), SSA must be notified to effect cancellation. The account holder should also notify the receiving financial institution that he or she is canceling direct deposit. The agreement is deemed to be canceled upon the closing of the account in the financial institution.

The agreement represented by this authorization may be canceled by the financial institution by providing the account holder a written notice postmarked 30 days in advance of the cancellation date to the address listed on the account. Mailing to the last address known to the financial institution will constitute notice. The account holder must immediately advise the SSA when SSA benefits are paid to this account, and the SSP, if direct deposit is to be canceled by the financial institution. **The financial institution cannot cancel the authorization solely by advice to the SSP.**

Changing Receiving Financial Institutions

The account holder's direct deposit will continue to be received by the selected financial institution until canceled in writing as provided above, or until the SSP and the financial institution are notified by the account holder that the account holder wishes to change the financial institution which is receiving direct deposit. In addition, the account holder will complete a new copy of this form at the newly selected financial institution. **It is recommended that the account holder maintain accounts at both financial institutions until the transition is complete, i.e., after the new financial institution receives the account holder's direct deposit payment.** When benefits are provided by the SSA to this account, SSA must be notified to offer a change in financial institution.

False Statements

State law provides a fine of not more than \$5,000 or imprisonment for not more than one (1) year or both for giving false or inaccurate information in connection with electronic transfer of funds (MGL Chapter 167B Section 21).