

# AUTHORIZATION FOR DIRECT DEPOSIT OF THE STATE SUPPLEMENTARY PAYMENT (SSP)

(If Previously Completed, Do Not Resubmit Unless Requesting a  
Change or Stopping Direct Deposit.)

**INSTRUCTIONS:** Check boxes that apply. **Please use blue or black ink only and print, keeping characters within boxes provided.** If you have completed a prior form to authorize direct deposit of SSP, do not complete another form unless your account information has changed or you wish to stop direct deposit of your benefits.

☐ Start or Change Direct Deposit

☐ Checking Account

Complete the Information below and sign the form. **Include a voided check with the form or take the form to your bank or financial institution** for the appropriate officer to complete the Financial Institution Information. Return the form as instructed below.

☐ Savings Account

Complete the Information below and sign the form, **or take the form to your bank or financial institution** for the appropriate officer to complete the Financial Institution Information. Return the form as instructed below.

☐ Stop Direct Deposit

Complete the Information below, sign the form and return as instructed.

## To be completed by Recipient or Representative Payee

|  |                      |   |   |
|--|----------------------|---|---|
| First Name (Person Entitled to Payment)        | MI                   | Last Name                                   | Social Security Number (Person Entitled to Payment) |
| <input type="text"/>                           | <input type="text"/> | <input type="text"/>                        | <input type="text"/>                                |
| Street Address                                 |                      | Telephone Number                            |   |
| <input type="text"/>                           |                      | <input type="text"/> - <input type="text"/> |   |
| City   | State                | Zip Code + 4                                |   |
| <input type="text"/>                           | <input type="text"/> | <input type="text"/>                        |   |
| Name of Representative Payee (if there is one) |                      |   |   |
| <input type="text"/>                           |                      |   |   |
| Name of Financial Institution                  |                      |   |   |
| <input type="text"/>                           |                      |   |   |
| Telephone Number of Financial Institution      |                      |   |   |
| <input type="text"/> - <input type="text"/>    |                      |   |   |

## Financial Institution Information

|  |   |
|--|---|
| Routing Number (ABA Number)                        | Account Number                              |
| <input type="text"/>                               | <input type="text"/>                        |
| Signature and Printed Title of Authorized Official | Telephone Number                            |
| <input type="text"/>                               | <input type="text"/> - <input type="text"/> |

I have read and understand the Authorization Statements on the reverse of this form and I request the action noted above.

**Recipient/Representative Payee Signature** \_\_\_\_\_ Date:  MM /  DD /  YEAR

Return completed form to:

Commonwealth of Pennsylvania  
Department of Treasury  
SSP Disbursements  
P. O. Box 8001  
Harrisburg, PA 17105-8001



## **AUTHORIZATION STATEMENTS**

I authorize the PA Department of Public Welfare (DPW), through the PA State Treasury Department (Treasury), to directly deposit my SSP to a separate or joint banking account listed in my name.

The instructions on this Form to start, stop or change direct deposit of my SSP shall remain in effect until Treasury has received a new form and has had an opportunity to comply, except:

- If I receive my Federal Supplemental Security Income (SSI) by direct deposit, my SSP will be deposited in the same financial institution as my SSI payment.
- If I receive my Federal SSI payment by check, my SSP may not be received by direct deposit.

I understand that failure to notify Treasury of any change in financial institution or account may delay the receipt of my SSP.

I authorize Treasury to receive information from my financial institution regarding my account in order to investigate and/or resolve any discrepancies or errors in the receipt of SSP.

In the event of an error in the direct deposit of my SSP to my account, I authorize DPW, Treasury, and my financial institution to correct the error in my account.

I understand that DPW and Treasury are NOT responsible for errors in the bank transit routing number or in the account number, as listed on the front of this form, and are not responsible in the event that the financial institution I have selected is not participating in the direct deposit program.

I understand that DPW and Treasury are NOT responsible for fees charged against overdrawn account due to non-receipt of my SSP.

I also understand that all transactions concerning my account shall be governed by the Electronic Fund Transfer Rules and Procedures and the Automated Clearing House (ACH) rules of Treasury.

If you have questions on completing the form or in regard to payments issued via direct deposit, please contact Treasury at **1-866-293-9967 (TDD Service Available)**.