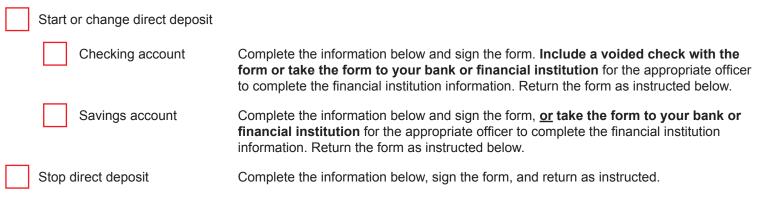
AUTHORIZATION FOR DIRECT DEPOSIT OF THE STATE SUPPLEMENTARY PAYMENT (SSP)

(If previously completed, <u>do not resubmit</u> 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.



To be completed by Recipient or Representative Payee

				Social Security number			
First name (person entitled to payment)	MI	Last name		(person entitled to payment)			
Street address			Telephone number				
City			State	ZIP code + 4			
Name of representative payee (if there is one)							
Name of financial institution							
Telephone number of financial institution (

Financial Institution Information

Routing number (ABA number)	Account number
Signature and printed title of authorized official	Telephone number

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

		MM	DD	YEAR
Recipient/representative payee signature	_ Date:			/

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 Human Services (DHS), 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 DHS, Treasury, and my financial institution to correct the error in my account.

I understand that DHS 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 DHS 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 any questions on completing the form or in regard to payments issued via direct deposit, please contact Treasury at **1-877-869-1956 (TDD service available).**