

**UTAH DEPARTMENT OF WORKFORCE SERVICES  
UNEMPLOYMENT INSURANCE**

**ELECTRONIC PAYMENT AUTHORIZATION**

This form must be completed, signed and returned to the Department of Workforce Services **within 10 days**. If you do not return this form selecting your payment method, you may receive one or two Unemployment Insurance (UI) payments on the Utah EPPICard. However, your payments will then cease until the form is returned.

Name (Print) \_\_\_\_\_ Social Security # \_\_\_\_\_

**Select one:**

I authorize **DIRECT DEPOSIT** of my UI payments into my **CHECKING** account.

Please write VOID and your social security number on a blank, unsigned check and enclose it with this form (do not write over the routing and account numbers at the bottom). If you cannot provide a voided check please contact your financial institution to get the following required information.

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I authorize **DIRECT DEPOSIT** of my UI payments into my **SAVINGS** account.

Please contact your financial institution to get the following required information.

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I authorize deposit of my UI payments into my **Utah EPPICARD MASTERCARD DEBIT** account.

**REGARDLESS OF THE OPTION CHOSEN, YOU MUST COMPLETE, SIGN AND RETURN THIS FORM OR YOUR BENEFITS WILL BE STOPPED**

I understand that applicable Banking Laws, Rules and Regulations will govern Unemployment Insurance benefit payments paid by direct deposit to the financial institution designated above, or paid using the Utah EPPICard Master Card Debit Card.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail this form to:

Utah Department of Workforce Services  
P. O. Box 45266  
Salt Lake City, Utah 84145-0266