Louisiana Workforce Commission
Direct Deposit Processing
P. O. Box 94094
Baton Rouge, LA 70804-9094
Fax (225) 346-6070

Agreement for Direct Deposit

SSN: First Name:

Last Name:

I authorize the Louisiana Workforce Commission, Office of Regulatory Services, to make automatic deposit of the full amount of any payments of my weekly unemployment benefits to my:

☐ Checking Account ☐ Savings Account ☐ Debit Card

I understand that the Louisiana Workforce Commission, Office of Regulatory Services, can automatically deposit unemployment benefits only to a separate or joint banking account under which the name of the above claimant is listed.

If you mark Checking Account or Savings Account you must fill in the Banking Institution information below.

I UNDERSTAND THAT IT IS MY OWN RESPONSIBILITY TO VERIFY ANY SUCH DEPOSITS OF UNEMPLOYMENT BENEFITS WITH MY BANKING INSTITUTION.

Bank Name:

Address:

City: State: Zip:

Transit & Routing Number:

Bank Account Number:

This authorization shall remain in effect until the Louisiana Workforce Commission has received written notification from me to change the automatic deposit of my unemployment benefits. Such notification shall be delivered in a timely manner in order to afford the Louisiana Workforce Commission an opportunity to comply. In no event shall any such termination or change affect my unemployment benefits previously processed or being processed by the Louisiana Workforce Commission for automatic deposit at the time of receipt of my notification.

In the event of an error in the automatic deposit of my unemployment benefits to my account, I authorize my named banking institution to correct the error in my account. I understand that if an error is made, I shall receive written notification from the Louisiana Workforce Commission with explanation of such error. I also understand that all transactions with my account by the Louisiana Workforce Commission shall be governed by the Rules of the Louisiana, Alabama, Mississippi Automated Clearing House Association.

I also understand that the Louisiana Workforce Commission is NOT responsible for errors in the bank transit routing number or in the account numbers, as listed above, and is further not responsible in the event that the above selected institution is not participating in the Direct Deposit program through the Federal Reserve System.

Signature

Date

Mail or Fax Agreement To:

Louisiana Workforce Commission
Direct Deposit Processing
P. O. Box 94094
Baton Rouge, LA 70804-9094

Fax: (225) 346-6070

Phone Number

Please provide a contact phone number in the event that we are unable to process this form.

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