

**SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES**

**Office of Energy Assistance**

**DIRECT DEPOSIT ENROLLMENT FORM**

**Initial Request** [  ]

**Change Request** [  ]

**I authorize the Department of Social Services to deposit my LIEAP vendor payments directly into the bank account listed below, and if necessary, reverse any incorrect credit entries. I understand that a new enrollment form must be completed to change banking information.**

Make necessary address corrections here.

\_\_\_\_\_  
\_\_\_\_\_

**Daytime telephone number** (    ) \_\_\_\_\_

**Your Tax ID or Social Security Number** \_\_\_\_\_

**Name of bank** \_\_\_\_\_

**Routing number** \_\_\_\_\_

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

**Bank address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Bank telephone number** (    ) \_\_\_\_\_

**Your signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Your enrollment cannot be processed without a voided check. Mail this completed form and a voided check.**  
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**DID YOU FILL IN EACH BLANK OF THIS FORM? ATTACH A VOIDED CHECK?**