

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF ECONOMIC ASSISTANCE

OFFICE OF ENERGY ASSISTANCE

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Strong Families - South Dakota's Foundation and Our Future

DIRECT DEPOSIT ENROLLMENT FORM

Energy Assistance Vendors\Landlords:

If you wish to participate

- Please print clearly so information is legible – **also include a voided check providing account information**

Initial request ()

Change of bank request ()

LIEAP Vendor/Landlord ID _____

Company Name _____

Company Address _____

Company City _____ State _____ Zip _____

This account is a:

Checking account ()

Savings account ()

Daytime Telephone Number () _____

Tax ID # if taxes are filed under business name: _____

OR

Social Security Number if taxes are filed under owners name: _____

Name of Bank _____

Bank Address _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Bank Telephone Number () _____

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

Your signature _____ Date _____