

# Request to Cancel Direct Deposit

\_\_\_\_\_ County Social/Human Services Agency      Date: \_\_\_\_\_

Case Nominee/Payee Name: \_\_\_\_\_ ICS/PDC No. \_\_\_\_\_

I, \_\_\_\_\_, social security number: xxx-xx- \_\_\_\_\_ (last 4 digits only)  
(Head of Household)

would like to request a cancellation of the direct deposit for the Work First cash assistance payment.

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Account:    \_\_\_ Savings    \_\_\_ Checking (please check one)

Transit/Routing Number: \_\_\_\_\_

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

Please make this cancellation effective: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

**It may take up to five (5) business days from the date the agency receives the request for the Direct Deposit to stop. This may result in the change not being effective until the 2<sup>nd</sup> month following the request. The caseworker can tell you the month the issuance method will change.**

I understand that the Work First cash assistance payment will no longer be deposited directly into the personal bank account shown above. I understand I can request to reinstate direct deposit in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Head of Household)

Print Name of Protective Payee (if applicable): \_\_\_\_\_

Signature of Protective Payee: \_\_\_\_\_ Date: \_\_\_\_\_

----- **For County Use Only** -----

Date Agency Received Request: \_\_\_\_\_ Effective Month for Change\*: \_\_\_\_\_

Reason for Cancellation of Direct Deposit:

- Change issuance to EBT (explain usage restrictions and provide EBT Brochure and EBT [FAQ](#) )
- Deposit Account Change (provide [Direct Deposit Authorization Form, DSS-5023](#))
- Protective Payee Change (complete [DSS-1665, Work First Family Assistance Protective Payee Agreement](#))
- Protective Payee no longer required

**\*(Notify the household of the effective month for the change. Provide a copy of this form to the case nominee/payee.)**

Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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