

Electronic Funds Transfer for DWP, MFIP, WB, GA, MSA or RCA benefits

Safe, reliable, smart, easy

Your Diversionary Work Program (DWP), Minnesota Family Investment Program (MFIP), Work Benefit Participation (WB), General Assistance (GA), Minnesota Supplemental Aid (MSA) and Refugee Cash Assistance (RCA) payments are important. Now you can use Electronic Fund Transfer (EFT), to get payments in a safe, reliable way.

What is EFT?

The state offers direct deposit of your DWP, MFIP, WB, GA, MSA or RCA benefits. This is called **Electronic Funds Transfer** or EFT. EFT means that the state sends your DWP, MFIP, WB, GA, MSA or RCA benefits directly to your bank account instead of sending them to you by check or Electronic Benefit Transfer (EBT).

Your money is deposited into your bank account and available to you on the payment date.

How do I sign up?

Signing up for EFT is easy, just follow the steps below. You will need to provide certain information from your bank such as routing numbers and checking or savings account numbers to make sure it works properly.

1. You will need a checking or savings account at a bank of your choice.
2. Fill out the authorization form included in this brochure. In addition to the form:
 - If you want your benefits to go into your **checking account**, attach a voided check. A check has the bank routing number and your checking account number on it.

- If you want your benefits to go into your **savings account**, you will need to provide the account number and a letter from the bank stating the external routing number, **or** you can choose to take the form on this brochure to your bank and have the bank fill out the required information and sign it.

3. The last step is to sign and take or mail this form and required information to your financial worker. It's that simple.

What happens next?

The state will send you a letter to tell you when your EFT payments will begin.

Until then, you will get your benefits the way you do now.

Why should I use EFT?

With EFT, you will get your money safely and on time. The state has been helping clients with EFT since 1997.

You will not have to wait for your check or worry about it being lost or stolen.

You do not have to go to the bank to cash or deposit your check.

Why should I use EFT instead of EBT?

Using EFT with a bank account is an important step in becoming financially independent.

You can write checks and pay your monthly bills more easily.

A bank account helps you get other services your bank may offer.

What if I do not have a bank account?

If you do not have a bank account, consider opening one now to use EFT.

Some financial institutions may give you a free checking or savings account when you use EFT. Some may pay you interest on your account.

Before you open an account, compare the banking services in your area. If you need help, talk to your financial worker.

What else do I need to know?

Your EFT payment is private. Only you and your financial institution will know the amount of it.

You may call your bank to verify your deposits.

Your bank will also provide you with a record of each deposit to your account.



If you have a bank cash card, you may withdraw cash at any time at an automated teller machine (ATM). There may be a fee for use of the card.

Will I still have to report changes?

You will need to report any changes in your household to your financial worker. For example, report changes in your address, income, number of household members and bank account.

It is important to tell your county human services office of an address change so you will receive important information about your payments. Your benefits could be stopped temporarily if your county financial worker cannot locate you because you have not reported a change of address.

What if I have more questions?

For questions about EFT, contact the human services office in your county.

For TTY service, call the Minnesota Relay at 711 or (800) 627-3529 and ask them to call for your county human services office. For the Speech-to-Speech Relay, call (877) 627-3848.

Information on EFT is also available at the Minnesota Department of Human Services website: www.dhs.state.mn.us

Your right to file a complaint

If you feel the county or the Minnesota Department of Human Services treated you differently in the handling of your public assistance application or benefits because of race, color, national origin, political beliefs, religion, creed, sex, sexual orientation, public assistance status, age or disability, including physical access to government buildings, you may file a complaint with your county agency or any of the following agencies.

Minnesota Department of Human Services
Equal Opportunity and Access
PO Box 64997
St. Paul, MN 55164-0997
(651) 431-3040 (Voice)
(866) 786-3945 (TTY)

Minnesota Department of Human Rights
Freeman Building
625 Robert Street North
St. Paul, MN 55155
(800) 657-3704 (Voice)
(651) 296-1283 (TTY)

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312) 886-2359 (Voice)
(312) 353-5693 (TTY)



EFT Authorization Form for Cash Programs

Instructions: Complete this form, read and sign below if you choose to use Electronic Fund Transfer (EFT) to directly deposit your cash Public Assistance benefit into a checking or savings account.

PRINT LAST NAME		FIRST NAME	MIDDLE INITIAL
SOCIAL SECURITY NUMBER	HOME PHONE		WORK PHONE

Please check only one of the following:

- Checking.** I request the use of EFT to directly deposit my cash public assistance benefit into my checking account. I am including a voided blank check showing my account information with this form *or* have had a bank representative complete the account information on this form.
- Savings.** I request the use of EFT to directly deposit my cash public assistance benefit into my savings account. I have included a letter from the bank with this form *or* have had a bank representative complete the account information on this form.

If you do not have a voided blank check or a letter from the bank, have a bank representative complete the following information.

To be completed by bank representative:		
By signing this form you are verifying that this bank account belongs to the applicant named on this form.		
ROUTING NUMBER	ACCOUNT NUMBER	TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings
SIGNATURE OF BANK REPRESENTATIVE		BANK/BRANCH NAME

Statement of understanding and authorization for direct deposit

Read and sign below if you have chosen electronic funds transfer into a checking or savings account. I understand:

- By signing this form, I authorize the Minnesota Department of Human Services to use Electronic Funds Transfer to directly deposit my cash public assistance benefits into the account I have selected. This action cancels and replaces any EFT agreement I currently have in place with the Minnesota Department of Human Services.
- I am not legally required to submit the information requested on this form, but the Minnesota Department of Human Services needs the information to set up and maintain the Electronic Fund Transfer of cash public assistance benefits. The Minnesota Department of Human Services will share this information only with its financial institution and with the financial institution I designate on the form. It is shared only for the limited purpose of setting up and administering Electronic Fund Transfer to my account.

SIGNATURE OF APPLICANT	DATE
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Mail authorization form to:	For office use only	
	CASE NAME	DATE RECEIVED
	WORKER NAME	CASE NUMBER
		WORKER NUMBER

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທຮັບາຕາມເລກໂທຮັບ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (10-09)

ADA5 (5-09)

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

(agency)