

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

Safe, reliable, smart, easy

Your Diversionary Work Program (DWP), Minnesota Family Investment Program (MFIP), 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, GA, MSA or RCA benefits. This is called **Electronic Funds Transfer (EFT)**.

Your money is deposited into your bank account and available to you on the payment date instead of waiting for a paper check.

How do I sign up?

Signing up for EFT is easy. You will need to provide certain information from your bank to make sure it works properly.

1. Verify you have a checking or savings account at any bank or credit union.
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, that has the bank routing number and your checking account number on it.
 - If you want your benefits to go into your **savings account**, provide the account number and a letter from the bank stating the external routing number, **or** take the form in this brochure to your bank, have the bank fill out the required information and then sign it yourself.
3. Sign and deliver or mail this form and required information to your eligibility worker.

What happens next?

The state will send you a letter telling you when 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 having my cash benefits issued to my Electronic Benefit Transaction Card (EBT)?

Using EFT with a bank account is an important step in becoming financially independent, writing checks and paying 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 eligibility 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 eligibility worker. For example, report changes in your address, income, bank account and number of household members.

It is important to tell your county human services office of an address change to continue receiving important information about your payments. Your benefits could be stopped temporarily if your county eligibility worker cannot locate you because of an unreported change of address.

What if I have more questions?

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

Information on EFT is also available at the Minnesota Department of Human Services website at mn.gov/dhs/



Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex
- political beliefs

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion

Contact the **OCR** directly to file a complaint:

Director, U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice) 800-537-7697 (TDD)
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1 mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- 2 fax: (202) 690-7442; or
- 3 email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,သံကွၢ်ဘဉ်ပုၤဂ့ၢ်မိအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့ၤတ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂປທີ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

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

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LBI (8-16)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)

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:

- | | |
|--|--|
| <input type="checkbox"/> 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. | <input type="checkbox"/> 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

(Agency)