

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
REEMPLOYMENT ASSISTANCE DIVISION
P.O. Box 4730, Aberdeen, SD 57402
Tel: 605.626.2452 Fax: 605.626.3172 dlr.sd.gov/ra

DIRECT DEPOSIT FORM

All Reemployment Assistance (RA) payments are made electronically. The state of South Dakota partners with Comerica Bank to provide the Way2Go Card Debit Mastercard that works much like a standard debit card. Your benefit payments are deposited into an account created for you. You will receive your Way2Go Debit Mastercard within 7 to 10 days of filing your claim.

You may choose direct deposit into your own checking or savings account instead of the Way2Go card. To receive your RA payments via **direct deposit only**, you may:

1. Log into your online reemployment account at raclaims.sd.gov and select the "Change Payment Method" option on the main menu;
2. **OR** Mail this form to:
South Dakota Department of Labor & Regulation,
Attn: Customer Service, Reemployment Assistance Division,
PO Box 4730, Aberdeen, SD 57402-4730

OR Fax to **605.626.3172**.

You must **include a voided check or copy of a check** with the form.
Do not attach a deposit slip (the routing number is not always correct).

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) ____ - _____ Email Address: _____

Last 4-digits of Social Security Number: _____ Date of Birth: ____ / ____ / ____

Bank Name: _____ Account Number: _____

ABA Routing/Transit #: _____ Type of Account: Checking Savings

DIRECT DEPOSIT ENROLLMENT

I, the undersigned, authorize the State of South Dakota Department of Labor and Regulation to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any error which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the South Dakota Department of Labor and Regulation receives written notice or cancellation from me.

Signature: _____ Date: ____ / ____ / ____