

NYS OTDA State Supplement Program
Direct Deposit Cancellation Form

Directions:

- To be completed by individuals who receive only SSP benefits. Individuals receiving federal SSI benefits need to contact SSA.
- Complete this form **ONLY** if you wish to cancel your **Direct Deposit**.
- Return the completed form to: **NYS OTDA State Supplement Program, PO Box 1740, Albany NY 12201**
Or by **FAX** to: 518-486-3459, Or **Email** the scanned **hand signed** form to otda.sm.ssp@otda.ny.gov
- Please contact the **SSP Customer Support Center at 1-855-488-0541** with any questions.

I would like to cancel my enrollment in Direct Deposit.

Recipient Name _____ **Date of Birth** (MM/DD/YYYY) _____

Last Four Numbers of SSN **XXX -XX-**_____ **Daytime Phone Number** (____) ____ - _____

Recipient Mailing Address _____

City _____

State _____ Zip Code _____

Direct Deposit Bank Account Information:

Account Number _____ Routing Transit Number _____

Name of Financial Institution (bank or credit union): _____

I authorize cancellation of the direct deposit of my New York State Supplement Program (SSP) benefit to the above identified financial institution bank account. I understand that future SSP benefits will be issued as a paper check and mailed to the address on file with SSP.

Signature _____

Date _____