

# ePath / Direct Deposit: Screen Package

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SSN: [redacted] Name: [redacted] Claimant Spouse: **None**  
Claimant's Representative Payee: **None** Spouse's Representative Payee: **None**

Show Help Cancel

	OLD	NEW
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**\*Have you moved?** **Residence Address**  
 Yes  No [redacted]

**\*Has your mailing address changed?** **Mailing Address**  
 Yes  No [redacted]

**\*Has your telephone number changed?** **Telephone**  
 Yes  No [redacted]

**\*Do you want to change your direct deposit?** **Direct Deposit Information**  
 Yes  No  
BANK OF AMERICA, N.A. Savings  
Routing Number [redacted]  
Account Number [redacted]

Change  Enroll in Direct Express  Cancel

**\* Is your name on the account?**  
 Yes  No

**\* Is anyone else's name on the account?**  
 Yes  No

**\*Select Account:**

**BANK OF AMERICA, NATIONAL ASSOCIATION - Savings**  
Account Number: [redacted]

**BANK OF AMERICA, NATIONAL ASSOCIATION - Savings**  
Account Number: [redacted]

**Other Account**

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SSN: 0- Name: Claimant Spouse: **None**  
Claimant's Representative Payee: **None** Spouse's Representative Payee: **None**

Show Help Cancel

**OLD** **NEW**

**\*Have you moved?**  
 Yes  No  
**Residence Address**  
[Redacted]

**\*Has your mailing address changed?**  
 Yes  No  
**Mailing Address**  
[Redacted]

**\*Has your telephone number changed?**  
 Yes  No  
**Telephone**  
[Redacted]

**\*Do you want to change your direct deposit?**  
 Yes  No  
**Direct Deposit Information**  
BANK OF AMERICA, N.A. Savings  
**Routing Number**  
[Redacted]  
**Account Number**  
[Redacted]

Change  Enroll in Direct Express  Cancel

**\* Is your name on the account?**  
 Yes  No

**\* Is anyone else's name on the account?**  
 Yes  No

**\*Select Account:**

BANK OF AMERICA, NATIONAL ASSOCIATION - Savings  
Account Number: [Redacted]

BANK OF AMERICA, NATIONAL ASSOCIATION - Savings  
Account Number: [Redacted]

Other Account

Continue