



Electronic Payment Tracer Form Request to Research / Resubmit Electronic Payment

Claimant Information

Last Name: _____ First Name: _____ MI: _____
 ID or SSN: _____ Address: _____ Address 2: _____
 City: _____ State: _____ Zip Code: _____ +

Reason for Replacement / Resubmit:

Debit Card Not Received (Address has been verified)

Direct Deposit / Debit Card Payment Not Received (More than 3 Business Days)

Claimant Signature: _____ Date: _____

Forms of I.D. Provided: (Check two and attach copies)

Drivers License SS Card State ID W/2 Other (Explain)

Office Use Only

Payment Information: _____ Local Office #: _____

Internal Payment #	External Payment #	Issue Date	Amount	Week Ending Dates	
				From	Through
			\$		

Comments:

Representative's e-mail: _____ Local Office Fax #: _____

Representative Signature: _____ Date: _____

Banking Unit Official Use Only

Resubmit Authorized: Signature: _____ Date: _____

Direct Deposit Debit Card

Resubmit Denied: Signature: _____ Date: _____

Claimant must complete an Affidavit of Non-Receipt of Unemployment Insurance Benefits

Claimant should call (866) 728-2167

Banking Services Unit Fax: (312) 793-9283