



**North Carolina Department of Commerce  
Division of Employment Security  
Unemployment Insurance**



**Date (full name, example: April 22, 2016)**

Claimant Name (window envelope)  
Address 1  
Address 2  
City ST Zip

Claimant ID:

[Claimant Name]:

Our records show that a recent change was made to your [payment method].

If this change was not authorized by you, please contact the Division of Employment Security, Customer Call Center at 1.888.737.0259.

No action is required if you authorized this change.

**Help us prevent UI Fraud!**  
Report Suspected UI Fraud Online at  
[des.nc.gov](http://des.nc.gov)  
Post Office Box 25903 Raleigh, North Carolina 27611-5903