**DIVISION OF CHILD SUPPORT SERVICES**

To have child support sent directly to your checking account, please read, complete and print this form. Include a voided check with your form. Mail both the voided check and this form to your local Child Support Services office.

**Note: Child Support can direct deposit to checking or savings accounts.**

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| --- | --- |
| **Section 1:** | **Authorization Agreement for Direct Deposit of Child Support Payments**  |
| I authorize the Division of Child Support Services (DCSS) to deposit my child support payments directly into my checking or savings account. DCSS is also authorized to adjust any over/under deposit it has made to my checking or savings account. I understand the deposits/adjustments will be made electronically by ACH transactions and I must allow the Federal Reserve two workdays from the disbursement date to have the funds available to my financial institution. I also understand the following: It is my responsibility to provide correct Routing and Account information for ACH transmissions by attaching a voided check or financial institution printout to this authorization. DCSS does no pre-note to verify my information. I will immediately notify DCSS if my banking information changes. I must submit a new Authorization Form to change my direct deposit. I can stop my direct deposit by notifying the DCSS Communications Center or local office. I must notify the DCSS local office of any changes to my address. I must include my name and case number on all correspondence regarding direct deposit. The DCSS Communications Center and web site provide the date the DCSS system disbursed my payment; I must verify with my financial institution when the payment is posted to my account and funds are available for withdrawal. |
| **By signing below, I signify that I have read and agree to all the conditions listed above.** |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\*\*PLEASE TYPE OR LEGIBLY PRINT ALL INFORMATION BELOW IN INK\*\*** |
| **Section 2:** | **CUSTODIAL PARENT INFORMATION** |
| Name: (As it appears on your GA DCSS check) | GA DCSS Case Number: |
| Social Security Number: | Additional GA DCSS Case Numbers: |
| Mailing Address: |
| City: | State: | Zip: |
| **Daytime Telephone:** | **Email:** |
| **Section 3:** | **FINANCIAL INSTITUTION INFORMATION** |
| Name of Financial institution: |
| Routing Number | Account Number | Account Type:[] Checking [] Savings |
| City: | State: | Telephone: |
| **Section 4:** | For DCSS use ONLY |
| Date received: | Date input: | Initials: |
| Date verified | Initials: |

Please verify all information then, mail this completed form and a void check/financial institution printout to the local DCSS office. Check here if this is a bank card only account. [\_\_\_\_]