**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. [\_\_\_\_]