

**STATE OF ALASKA  
DEPARTMENT OF REVENUE  
CHILD SUPPORT SERVICES DIVISION**

550 W 7th Avenue Ste 310  
Anchorage AK 99501-6699  
Phone: (907) 269-6900 Fax: (907) 269-6650  
TTY: (907) 269-6894 TTY In-State Toll-Free 1-800-370-6894

**Check One**

- New
- Change
- Cancel

**CUSTODIAL PARENT AUTHORIZATION  
FOR DIRECT DEPOSIT**

Only one form is needed even if you have multiple cases

Custodial Parent Name \_\_\_\_\_

CSSD member ID # \_\_\_\_\_  
(This is the 8 digit Member Number assigned to you by CSSD, not your 9 digit case number).

Social Security Number \_\_\_\_\_  
The disclosure of your social security number on this form is voluntary. We will use your social security number to assist in the identification of your bank or financial account.

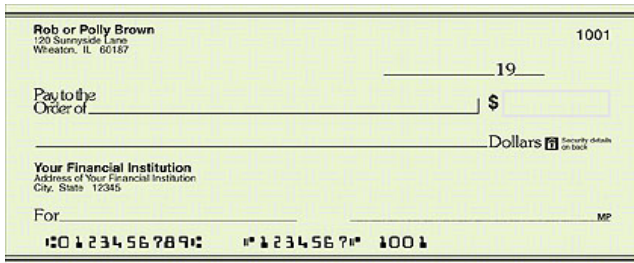
I authorize the State of Alaska CSSD to make **Direct Deposits** to the account below:

(name on account must match the name on the CSSD case)

Name of bank or financial institution: \_\_\_\_\_

Account type:       CHECKING       SAVINGS       OTHER \_\_\_\_\_

Transit routing number and account number (example below): \_\_\_\_\_



You must attach a voided check or deposit slip  
This will be used to verify the name, bank routing number, and account number

Routing #      Account #

I authorize the State of Alaska CSSD to make necessary adjustments to the above account to correct any credit entries made in error. I understand that the State will make a reasonable effort to notify me within 24 hours when an adjustment is made. This authority remains in effect as long as I have an open child support case with the State of Alaska CSSD.

I understand that 30 days written notice is required to change financial institutions, account numbers, or account type; that I must notify CSSD if I close my account or change my address; that the name on the child support case must match the name on the account into which deposits are being made; and that direct deposit will begin only after the above information has been electronically verified.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day phone