

Alaska Department of Revenue
Child Support Services Division

Please Reply To:
CSSD, MS 12
550 W. 7th Ave., Suite 310
Anchorage, AK 99501-6699
www.childsupport.alaska.gov

CSSD Check Reissue Request

Date of Request: _____ Case Number: _____

Name: _____ SSN #: _____

Address: _____ If New Address: _____

Check number: _____ Check number: _____

Amount of Check: _____ Amount of Check: _____

Date Issued: _____ Date Issued: _____

Please issue a Stop Pay on the above noted check(s) for the following reason:

Never Received Lost Stolen Other

I agree not to cash this/these check(s) if received and will return it/them to the Child Support Services Division. If I cash this/these checks I am giving CSSD permission to automatically recover these amounts from Future Monthly Support Obligations.

Signature

Printed Name

Date received in SDU

Date request completed

CSSD 04-1013 (Rev: 4/2/09)

TOLL FREE (In-state, outside Anchorage): (800) 478-3300

SOUTHEAST: (907) 465-5887

MAT-SU: (907) 357-3550

ANCHORAGE: (907) 269-6900 FAX: (907) 787-3322

FAIRBANKS: (907) 451-2830

TDD machine only: (907) 269-6894 / TDD machine only, toll free (In-state, outside Anchorage): (800) 370-6894

**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.

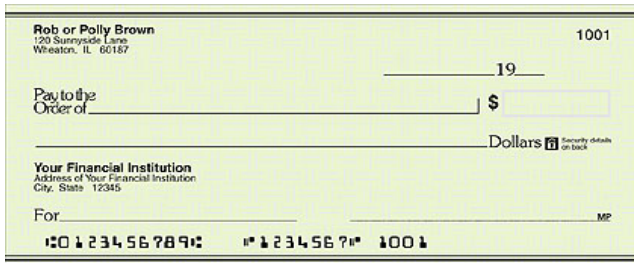
I authorize the State of Alaska CSSD to make **Direct Deposits** to the account below:

(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

STATE OF ALASKA
Department of Revenue
Child Support Services Division

Only one form is needed even if you have multiple cases

Order your DPC Visa Debit Card today!
It's more convenient than a check. No approval required.



For more information,
Call the Alaska Child Support
Services Division at (907) 269-6750

Mail the Authorization Form to:
Child Support Services Division
550 W 7th Ave, Suite 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

It's easy .. just follow these three steps to a DPC Visa Debit Card loaded with your child support payments.

- 1. Fill out the attached Authorization Form.** Just be sure to sign and date the form, and then mail it back to the address on the left.
- 2. Watch the mail.** Your card should arrive in a plain white envelope in about ten days. Activate your card by calling the toll-free number listed on the back of the card.
- 3. Start using your card.** Future child support payments will be loaded automatically to your new card. Use it at grocery stores, gas stations, restaurants, department stores, pharmacies ... anywhere Visa debit cards are accepted. Get cash at over 855,000 ATMs* worldwide and get cash back with purchases at many merchants like supermarkets.

*Regular ATM fees apply

Authorization Form

Custodial Parent's Name (please print) _____
First Middle Initial Last

Mailing Address _____
Street Address or PO Box City State Zip

Daytime Phone () _____ Social Security Number (required) _____

Date of Birth / / _____ Your Mother's Maiden Name (required) _____

By signing this form, I authorize the State of Alaska Child Support Services Division (CSSD) to share with JPMorgan all of the information I provide on this form. CSSD will share this information with JPMorgan for the purpose of establishing a Alaska Child Support Visa Debit Card account for me at JPMorgan and to process my child support payments to JPMorgan. I authorize CSSD to deposit my child support payments to this account. This action cancels and replaces any direct deposit agreement I currently have in place with CSSD. Upon authorization of my account with JPMorgan, I agree to be bound by the Alaska Debit Card Disclosure Statement and User Agreement that I will receive with my card.

Signature (required) _____ Date (required) _____