

Alaska Department of Revenue
Child Support Services Division

Please Reply To:
CSSD MS
(907) 269-6900
550 W. 7TH Ave., Suite 310
Anchorage, AK 99501-6699

Member-ID:
Case-ID(s):

EFT Payment Agreement

I AGREE to pay \$ _____ for monthly child support and \$ _____ for arrears payment, for a total of \$ _____ by Electronic Funds Transfer (EFT) through a direct withdrawal from my financial accounts (as designated on the attached EFT form) on the _____ day (1st, 5th, 10th, 15th, 20th, or 25th) of the month in lieu of wage withholding.

I understand completing this form is not an automatic approval, and my request may be denied by CSSD management.

I agree that:

1. If I fail to pay as agreed, I understand that CSSD will terminate the EFT process and reinstate wage withholding through my employer immediately (without prior notification).
2. I will notify my caseworker (by phone and in writing) with any changes to my employment or address.
3. All other enforcement actions will continue.

Obligor Signature

Date

Obligor Printed Name

This form must accompany the *Non Custodial Parent Direct Withdrawal Authorization 04-0008B* form