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

Case-ID(s):					
	I	EFT Paymen	t Agre	ement	
AGREE to pay \$	f	for monthly child s	support a	and \$	for arrears payment, for a
al of \$	_ by Electronic	Funds Transfer (I	EFT) thr	ough a direct v	withdrawal from my financial
counts (as designated	on the attached	d EFT form) on th	ie	_ day (1 st , 5 th ,	10 th , 15 th , 20 th , or 25 th) of the
onth in lieu of wage v	vithholding.				
hoose to \Box continue	□ stop red	ceiving monthly s	tatement	s in the mail.	
nderstand completing anagement.	g this form is no	ot an automatic ap	proval, a	and my reques	t may be denied by CSSD
gree that:					
1 0	,				\mathcal{E}
I will notify my case	eworker (by ph	one and in writing	g) with a	ny changes to	my employment or address.
All other enforceme	ent actions will	continue.			
Obligo	or Signature				Date
	al of \$ counts (as designated onth in lieu of wage whoose to continue nderstand completing magement. If I fail to pay as agricultation withholding through I will notify my case. All other enforceme	AGREE to pay \$	EFT Paymen GREE to pay \$ for monthly child all of \$ by Electronic Funds Transfer (acounts (as designated on the attached EFT form) on the onth in lieu of wage withholding. hoose to □ continue □ stop receiving monthly sometimes and completing this form is not an automatic appragement. If I fail to pay as agreed, I understand that CSSD will withholding through my employer immediately (with I will notify my caseworker (by phone and in writing All other enforcement actions will continue.	EFT Payment Agree GREE to pay \$ for monthly child support a al of \$ by Electronic Funds Transfer (EFT) three counts (as designated on the attached EFT form) on the onth in lieu of wage withholding. hoose to □ continue □ stop receiving monthly statement inderstand completing this form is not an automatic approval, a magement. gree that: If I fail to pay as agreed, I understand that CSSD will termina withholding through my employer immediately (without prio I will notify my caseworker (by phone and in writing) with an All other enforcement actions will continue.	EFT Payment Agreement GREE to pay \$ for monthly child support and \$ al of \$ by Electronic Funds Transfer (EFT) through a direct valuation on the attached EFT form) on the day (1st, 5th, onth in lieu of wage withholding. hoose to continue stop receiving monthly statements in the mail. Inderstand completing this form is not an automatic approval, and my request magement. If I fail to pay as agreed, I understand that CSSD will terminate the EFT prewithholding through my employer immediately (without prior notification) I will notify my caseworker (by phone and in writing) with any changes to All other enforcement actions will continue.

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

Obligor Printed Name

Member-ID:

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) 787-3220 TTY: (907) 269-6894 TTY In-State Toll-Free 1-800-370-6894

Check One				
	New			
	Change			
	Cancel			

NON CUSTODIAL PARENT DIRECT WITHDRAWAL AUTHORIZATION

Non 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 initiate I	Direct Withdrawal in the amount of
\$ on the day of each nonth) Name of bank or financial institution:	h month for child support. (withdrawal dates are the
Transit routing number and account number (ex	SAVINGS
Rob or Polly Brown 120 Sunnysde Lane Wheaten, II. 60187 Pay to flye Order of S Dollars To strong Adah Your Financial Institution Address of Your Financial Institution City, State 12345 For #* 1234.56 ?#* 100 1	Attach a voided check or deposit slip here 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 necess entries made in error. I understand that the State will when an adjustment is made. This authority remains authorization in effect with the State of Alaska CSSE I understand that 30 days written notice is required to	o change financial institutions, account numbers, account out or cancel the direct withdrawal; that the name on the
Signature	Date Day phone