

Authorization Form for Direct Deposit to Bank Account

Please check one: New Change or Cancel

Custodial Parent's Name (please print) _____

CSSD Member ID # _____* First Middle Initial Last

* This is the 8 digit Member Number assigned to you by CSSD, not your 9 digit case number.

Mailing Address _____

Street Address or PO Box City State Zip

Date of Birth / /

Social Security # ** - -

** The disclosure of your social security number for direct deposit is voluntary.

Direct Deposit into your checking or savings account

In order to have your child support payment electronically deposited into your bank account **you MUST attach a preprinted voided check or deposit slip to this form.** This will be used to verify the name, bank routing number, and account number.

Name of bank or financial institution: _____

Account Type CHECKING SAVINGS OTHER _____

I authorize the State of Alaska CSSD to deposit payments to this account and/or make necessary adjustments to the account to correct any credit entries made in error. I understand that CSSD 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 and that I must notify CSSD if I close my account or change my mailing address.

PLEASE REMEMBER TO ATTACH A PREPRINTED VOIDED CHECK OR DEPOSIT SLIP.

Signature (required)

Date (required)

Daytime Phone (required)