

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: _____

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: 2/8/18)

Please allow 7 to 10 days for the request to be processed.

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

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



Direct Deposit

Stop going to the bank to cash your checks and start receiving your payments in your bank account. Here are just a few reasons why you should sign up for Direct Deposit today:

- It's easy and secure
- On time, every time
- Saves you trips to the bank
- Works, even when you are away from home
- Gives you quick access to your money
- Eliminates the risk of lost or stolen checks
- Enables you to avoid other fees
- Helps protect the environment

Sign up for Direct Deposit today! Getting started is easy...

Simply fill out the Authorization Form below. Just be sure to sign and date the form and fax it to 907-787-3220 or mail it to the following address:

**Child Support Services Division
550 W 7th Ave, Suite 310
Anchorage, AK 99501-6699**

Direct Deposit Authorization Form

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

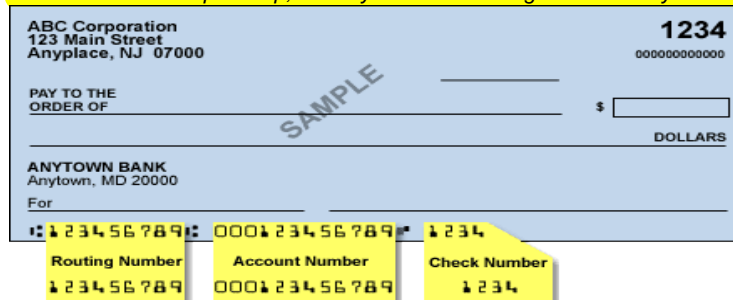
Mailing Address _____
Street Address or PO Box City State Zip

Daytime Phone (____) _____ Social Security Number _____
SSN is not required for direct deposit. It is used to assist in the identification of your bank and financial account.

Date of Birth ____/____/____ CSSD Member ID# _____
This is the 8-digit Member Number assigned by CSSD, not your case number.

Account Type Checking Savings Name of bank or financial institution: _____

Attach a check or deposit slip, locate your banks routing number and your account number.



Routing Number _____ Account Number _____

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 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.

Signature (required) _____ Date (required) ____/____/____

**For more information, call the Alaska Child Support Services Division at (907) 269-6900.
Only one form is required even if you have multiple cases.**