

Alaska Department of Revenue  
**Child Support Services Division**

Please Reply To:  
CSSD, MS 12  
550 W. 7<sup>th</sup> 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: 12/17/14)

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



## 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

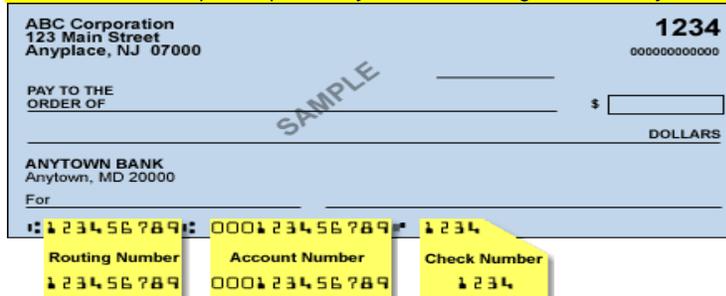
Mailing Address \_\_\_\_\_  
Street Address or PO Box City State Zip

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.**