

Direct Deposit Authorization Form

Please complete the information on the form below. Consult with your bank/financial institution to obtain its ABA/Routing Number and your Account Number. Print this form using your browser's print function, sign and date it, and mail it to the Office of Child Support at the address listed at the bottom of the form.

Your Information

Name: First: _____ Last: _____

Social Security Number: _____ - _____ - _____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Bank/Financial Institution Information

Bank Name: _____

Address Line: _____

City: _____

State: _____

Zip Code: _____

Phone: (_____) _____ - _____

Bank ABA Routing Number: _____

Your Account Number: _____

Your Account Type (check one): Savings Checking

I authorize the Office of Child Support (OCS) to make deposits to the account listed above. OCS will make deposits to this account until I cancel the authorization and OCS has time to act on it. This request cancels any other direct deposits I have in place with OCS. If funds are mistakenly deposited into my account, I authorize OCS to deduct the amount of the error from my account or from my future payments.

Signature: _____ Date: _____

Please return to: OCS

ATTN: CRU/EFT Unit

103 South Main Street

Waterbury VT 05671-1901