

Direct Deposit Enrollment Form

If you wish to enroll in Direct Deposit you must fill out this form and return it to us.

Directions:

1. Complete **BOTH** sections below and return this form, **ONLY** if you wish to enroll in Direct Deposit.
2. Return the completed form to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367
3. For any questions on how to complete this form, contact 888-208-4485, TTY 866-875-9975, Video Relay Service (www.fcc.gov/encyclopedia/trs-providers).

A. Required Information for Enrolling in Direct Deposit to be Completed by the Enrollee

The following information must be provided. If ANY information is missing, the form will be returned for completion.

Your Name _____ Email Address (optional) _____

_____ Phone Number (____) _____
Last First MI

Your Mailing Address: _____ County Name _____

Street _____ New York Case Identifier _____

City _____ State _____ Zip Code _____

Social Security Number ____ - ____ - _____ Date of Birth (MM/DD/YYYY) ____ / ____ / _____ (Month-Day- Four Digit Year)

Account Number _____ Routing Transit Number _____

I certify that I am entitled to child support and/or spousal support payments for the above child support account. I authorize the Support Collection Unit to send my child support and/or spousal support payments to the financial institution named below to be deposited in the account indicated by the financial institution. This authorization will remain in force until the Support Collection Unit receives a written notification from me of termination. The Support Collection Unit shall have a reasonable time to process the termination.

Signature _____ Date ____ / ____ / ____

B. Required Information to be Completed by the Financial Institution

Please take this form to your bank or credit union for the following information and their signature:

Bank Information: Name of Financial Institution (bank or credit union): _____

Address _____ City _____ State _____ Zip _____

Account Information: ____ Checking ____ Savings (This **CANNOT** be a Trust Account to benefit another or a Foreign Financial Institution Account)

Account Number _____ Routing Transit Number _____

As representative of the above named Financial Institution I certify this financial Institution is ACH capable and agrees to receive and deposit the child support payments to the account shown above.

Representative Signature Representative Printed Name Date