

NCSPC Direct Deposit Form

_____ **New** _____ **Change** _____ **Cancel** Type of Account: **Checking** _____ **Savings** _____

Your Name:(please print) _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip _____

Daytime Phone: _____ Last Four of Social Security Number: ____ _

Home Phone: _____ **Cell** Phone: _____ **E-Mail:** _____

Please complete the following if attaching a voided check or a photocopy of a voided check.

I authorize the Nebraska Child Support Payment Center (NCSPC) to initiate a direct deposit of my child/spousal support payments.

Routing Number: _____ Account Number: _____
(At the bottom of your check, starting from the left – it is a nine-digit number)

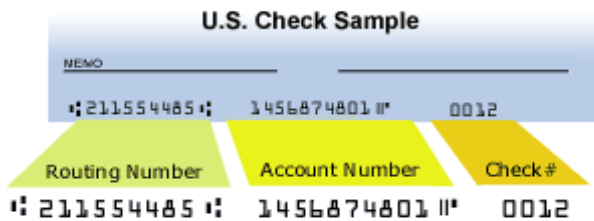
Bank Name: _____ City: _____ State: _____

If you make a change in your bank information, you must notify the NCSPC (877-631-9973 option 3) and complete a new authorization form. Notice must be given at least 10 business days prior to any pending transactions. If notifying of a change in bank information over the Internet (www.nebraskachildsupport.com), notification must take place two business days prior to the next transaction in order to change or stop a payment in progress.

I acknowledge that the origination of these transactions to my account must comply with United States Law. I further authorize the NCSPC to initiate debit entries to my account as may be necessary to correct any erroneous credit entry initiated.

Signature: _____ Date _____

***** Please attach a voided check or a photocopy of a voided check *****



Attachment Goes Here

Please have your bank complete the following if you are not attaching a voided check, a photocopy of a voided check, or if you have your payment deposited into a savings account.

It is the Financial Institutes responsibility to assure the accuracy of the following banking information. If there are any questions, please contact the NCSPC at 877-631-9973 option 3.

Account Number _____ Bank Employee's Signature _____

Routing Number _____ Printed Name _____

Bank Name _____ Bank Employee's Title _____

City _____ State _____ Date _____

Return to the NCSPC P. O. Box 83306, Lincoln, NE 68501-3306 or fax to: (402) 471-1342 Attn: Customer Service