



DIRECT DEPOSIT -OR- FIRST STATE FAMILY PRE-PAID MASTERCARD ENROLLMENT FORM

INDICATE YOUR ENROLLMENT SELECTION - check either:

DIRECT DEPOSIT

- New Enrollment Update Cancellation

FIRST STATE FAMILY PRE-PAID MASTERCARD

- New Enrollment

PERSONAL INFORMATION - Please fill in all the information below.

Custodial Parent's Name (Last, First, Middle Initial as it appears on your check.)

DCSE Case Number(s) - Provide at least one (1) case number. All cases will be enrolled in your selection of Direct Deposit or First State Family Card.

Date of Birth (Month/Day/Year)

Social Security Number

Address 1 - Street Address (Current address.)

City, State -&- Zip Code

Home/Cell Phone # (with area code)

Alternate Phone # (with area code)

E-mail Address

Sign & Date ONLY ONE (1) Authorization Box below; NOT both.

FIRST STATE FAMILY CARD - AUTHORIZATION

I understand by signing this enrollment form and returning it to DCSE that I am authorizing DCSE to post my support payments on to the First State Family Pre-Paid MasterCard issued by First California Bank. I certify that I am at least 18 years of age. I also certify that I am entitled to the payments identified above and that I authorize my payments to be sent to First California Bank where my support payments will be held until I use them. If I believe funds posted to my account were applied in error, I must contact DCSE. If I use those funds, and it is an incorrect or over payment, I will be required to repay those funds. By signing this form, I affirm that I have read and agree to all the conditions on the letter.

Signature

Date

COMPLETE ALL REQUESTED INFORMATION, then mail/return your enrollment form to:

Division of Child Support Enforcement
P.O. Box 12327
Wilmington, DE 19850

DIRECT DEPOSIT INFORMATION - Only if selected.

Name of Financial Institution (Bank or Credit Union)

Financial Institution's Street Address

Financial Institution's City, State -&- Zip Code

Financial Institution's Telephone # (with area code)

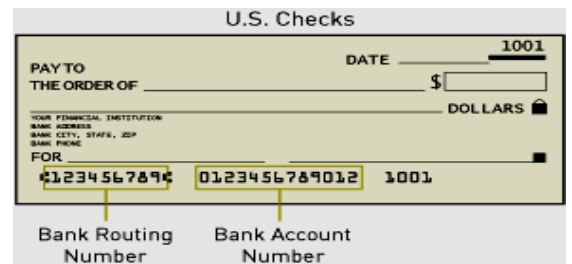
Account Selection & Numbers for Direct Deposit

Please select one: Checking -or- Savings

And, attach a voided check, deposit slip or letter to this form.

Account Number

Routing Transit Number



DIRECT DEPOSIT - AUTHORIZATION

I certify that I am entitled to the payments identified above and that I authorize my payments to be sent to the financial institution named above and deposited in the account I indicated. I understand this authorization will remain in full force and effect until DE Div. of Child Support (DCSE) receives written notification from me of termination at such time and in such manner as to afford a reasonable opportunity to act on it. To change financial institutions or accounts, I will complete and submit a new application. If I believe funds posted to my account were applied in error, I must contact DCSE. If I use those funds, and it is an incorrect or over payment, I will be required to repay those funds. By signing this form, I affirm that I have read and agree to all the conditions on the letter.

Signature

Date



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Child Support Enforcement

Thank you for your request for the Direct Deposit -or- First State Family Pre-Paid MasterCard Enrollment Form.

Please fill out the information on the reverse side of this letter, and be sure to include the following for either option:

- **Name**
- **Child Support Case Number(s)**
- **Date of Birth**
- **Social Security Number**
- **Mailing Address**
- **Telephone Number(s)**
- **E-mail Address**

If you would like to enroll in the First State Family Pre-Paid MasterCard, no additional information is necessary. However, if you would like to enroll in **DIRECT DEPOSIT**, please also include:

- Account type (Checking or Savings)
- Account number -&- Routing transit number.
- At least ONE of the following:
 - Voided check – pre-printed; no “starter” checks,
 - Deposit slip, or
 - Letter from your financial institution.

MAIL your signed and authorized enrollment form to: **DCSE, PO Box 12327, Wilmington, DE 19850**

Your signature on the enrollment form authorizes the Division of Child Support Enforcement (DCSE) to deposit your child support payments directly into either your checking or savings account -or- onto a First State Family Card. Your signature also authorizes DCSE to adjust any over/under deposit it has made to your account. You understand that DCSE will make a reasonable effort to notify you within one business day of when an adjustment is made. You also understand the deposit/adjustments will be made electronically by ACH transactions and that you must allow the Federal Reserve two business days from the disbursement date to have the funds available to your financial institution. You also understand the following:

In conducting certain transactions with your MasterCard, an authorization may be obtained which may be greater than the actual amount of your purchase. This authorization amount will be held from your card balance until the actual amount of your purchase is posted by the merchant. These merchants include: Gas stations, certain cell phone providers, restaurants, beauty/barber shops, car rentals, hotels, cruise lines, health/beauty spas, taxis, and mail orders. You should contact the merchant if you have questions concerning an authorization hold which may be made to your account.

It is your responsibility to immediately notify DCSE if your home address, telephone number, and/or banking information changes. You must include your full name as it appears on your account, social security number, and case number(s) on all correspondence. You also authorize DCSE to update your mailing address on your DCSE records to match your home address as provided on the reverse side of this application.

You must submit a new enrollment form to ENROLL, UPDATE or CANCEL your direct deposit. If you CANCEL Direct Deposit, without providing new banking information, you will automatically be enrolled in the First State Family Card. Once enrolled in the First State Family Card, you may NOT opt out of the program. If there is an urgent need to submit a cancellation request, please contact DCSE's Customer Service for additional instructions. The Customer Service Automated Assistance Line (AAL) also provides the date DCSE disburses your payment; but, you must verify with your financial institution or MasterCard when the payment is posted to your account and funds are available for withdrawal.

By signing the enrollment form on the reverse side, you affirm that you have read and agree to all of these conditions.

If you have any questions, contact DCSE's Customer Service Unit in the county in which you live: New Castle County (302) 577-7171; Kent County (302) 739-8299; or Sussex County (302) 856-5386.

State Disbursement Unit (SDU) of the
Delaware Division of Child Support Enforcement
Delaware Department of Health & Social Services