



Delaware Health and Social Services
Division of Child Support Enforcement

P.O. Box 12327
Wilmington, DE 19850

Phone Number: (302) 577-7171 in New Castle, (302) 739-8299 in Kent,
or (302) 856-5386 in Sussex

Check One

- Check boxes for New, Update, Cancel

DIRECT DEPOSIT AUTHORIZATION APPLICATION

Please complete, provide only the last four numbers of your Social Security Number (SSN), and return via mailing to address given above:

Your Name as it appears on the Bank Account: \_\_\_\_\_ SSN: XXX-XX- [ ] [ ] [ ] [ ]

Child Support Case Number(s): \_\_\_\_\_

Home Address:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

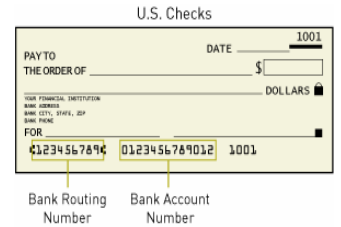
ATTENTION! - Please be sure to read the authorization section below concerning the importance of reporting your mailing address. Your reported mailing address will be used to notify you of changes in your child support case and for any payments not deposited at your bank.

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Account type: Checking [ ] Savings [ ]

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_



ATTENTION! PLEASE ATTACH A VOIDED CHECK FOR DEPOSITS INTO A CHECKING ACCOUNT OR A DEPOSIT SLIP FOR DEPOSITS INTO A SAVINGS ACCOUNT. TO REDUCE DELAYS, PLEASE VERIFY WITH YOUR FINANCIAL INSTITUTION FOR ACCURACY OF ROUTING AND ACCOUNT INFORMATION THAT IS LISTED ON DEPOSIT SLIPS. ALL BANKING DOCUMENTATION MUST BE PREPRINTED WITH YOUR NAME AND ACCOUNT NUMBER - NO HANDWRITTEN DOCUMENTS WILL BE ACCEPTED. PLEASE CONTACT CUSTOMER SERVICE WITH ANY QUESTIONS.

Please provide the name(s) of other account holders having access to this account: \_\_\_\_\_

I authorize the Division of Child Support Enforcement (DCSE) to deposit my child support payments directly into my checking or savings account. I authorize DCSE to adjust any over/under deposit it has made to my checking or savings account. I understand that DCSE will make a reasonable effort to notify me within one business day of when an adjustment is made. I understand the deposit/adjustments will be made electronically by ACH transactions and I must allow the Federal Reserve two business days from the disbursement date to have the funds available to my financial institution. I also understand the following: It is my responsibility to provide correct routing and account information for ACH transmissions by attaching a voided check, verified deposit slip or financial institution printout to this authorization. I will immediately notify DCSE if my banking information changes. I must include my name, social security number, and case number on all correspondence regarding direct deposit. I must submit a new authorization form to change my direct deposit. I understand that DCSE will verify my bank account information and I will receive my child support payment via paper check during the verification process. I can stop my direct deposit by submitting this same form and writing "cancel" at the top. If there is an urgent need to submit a cancellation request, please contact Customer Service for additional instructions. I must notify DCSE of any changes to my address. I authorize DCSE to update my mailing address on DCSE records to be the same as the Home Address provided on this form. The Customer Service Automated Assistance Line (AAL) will provide the date DCSE disbursed my payment; I must verify with my financial institution when the payment is posted to my account and funds are available for withdrawal.

By signing below I affirm that I have read and agree to all of the conditions listed above.

Signature

Date

DCSE USE ONLY: [ ] Level 1 [ ] Level 2 [ ] Approved [ ] Disapproved [ ] Pre-note