DELAWARE HEALTH AND SOCIAL SERVICES

Division of Child Support Services

- ACTION IS REQUIRED -

THIS AFFECTS YOUR CHILD SUPPORT PAYMENTS.

Pursuant to Senate Bill 213, signed on June 10, 2010, child support recipients are now required to receive their disbursements electronically. You need to choose to enroll in either Direct Deposit - or - First State Family Pre-Paid Visa Card.

Please fill out the information on the reverse side of this letter, and be sure to complete the **LEFT SIDE** for either option:
Name, Child Support Case Number(s), Date of Birth, Social Security Number, Mailing Address, Telephone Number(s), Email Address

If you would like to enroll in the First State Family Card, no additional information is necessary.
If you would like to enroll in Direct Deposit, please also complete the **RIGHT SIDE** of the form *(Name, address, and phone number of Financial Institution, Account Number, and Routing Transit Number)* and attach at least ONE of the following:

- Voided check – Preprinted with your information – no "starter" checks
- Deposit slip – Preprinted with your information, or
- Letter from your financial institution confirming your information.

MAIL your completed, authorized, signed form to: **DCSS, P.O. Box 12327, Wilmington, DE 19850**

Your signature on the enrollment form authorizes the Division of Child Support Services (DCSS) 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 DCSS to adjust any over/under deposit it has made to your account. You understand that DCSS 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 First State Family Card, 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 may 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 DCSS 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 must submit a new enrollment form to 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. You understand that upon enrolling in, or changing accounts for Direct Deposit, DCSS will verify your bank account information and you will receive your child support payments via paper check during the verification process. If there is an urgent need to submit a cancellation or update request, please contact Customer Service for additional instructions.

The Customer Service Automated Assistance Line (AAL) provides the date DCSS disburses your payment; however, you must verify with your financial institution or VISA Card 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 please contact DCSS's Customer Service Unit in the county in which you live.

New Castle County	(302) 577-7171
Kent County	(302) 739-8299
Sussex County	(302) 856-5386

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

DELAWARE HEALTH AND SOCIAL SERVICES

Division of Child Support Services

DIRECT DEPOSIT -OR- FIRST STATE FAMILY PRE-PAID VISA CARD ENROLLMENT FORM

INDICATE YOUR ENROLLMENT SELECTION - check either:

☐ **DIRECT DEPOSIT**

☐ New Enrollment ☐ Update ☐ Cancellation

☐ **FIRST STATE FAMILY PRE-PAID VISA CARD**

☐ New Enrollment

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

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

PERSONAL INFORMATION - *Please fill in all the information below.*

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

DCSS 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

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

U.S. Checks

Bank Routing Number

Bank Account Number

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 DCSS that I am authorizing DCSS to post my support payments on to the First State Family Pre-Paid VISA Card issued by Bancorp 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 Bancorp 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 DCSS. 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 and the fee schedule.

Signature *Date*

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 (DCSS) 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 DCSS. 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*

Fee Schedule for First State Family Prepaid Visa Card

All fees	Amount	Details
Get started		
Monthly usage		
Inactivity	$2.00	Monthly fee if there is no load or spend activity on the Card Account for twelve (12) consecutive months. The fee is charged for as long as inactivity continues. **The fee descriptor that will be shown on the transaction history is: Inactivity Fee**
Add money		
Direct deposit	$0.00	
Cash reload	$0.00	
Spend money		
POS Transaction Fee	$0.00	There is no fee for point of sale purchase transaction fees.
Get cash		
ATM withdrawal	$1.00	This fee is for domestic ATM cash withdrawals. Two (2) no cost ATM withdrawals each calendar month, then $1.00 per transaction thereafter. **The fee descriptor that will be shown on the transaction history is: Domestic and International ATM Cash Withdrawal** You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
ATM Withdrawal Decline Fee	$0.40	$0.40 per declined transaction, even on the first two (2) ATM withdrawals during the month. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Cash Access Transfer Fee	$2.15	Per cash withdrawal via a bank teller.
Information		
Customer service	$0.00	No fee for calling our automated customer service line, including for balance inquiries.
ATM balance inquiry	$0.40	Per ATM balance Inquiry. **The fee descriptor that will be shown on transaction history statements is: ATM Balance Inquiry Fee** You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Using your card outside the U.S.		
Foreign Exchange Markup Fee	3.00%	3.00% of each transaction amount.
ATM withdrawal (Domestic and International)	$1.00	This fee is for international ATM cash withdrawals. Two (2) no cost ATM withdrawal each calendar month, then $1.00 per transaction thereafter. **The fee descriptor that will be shown on transaction history statements is: Domestic and International ATM Cash Withdrawal** You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Other		
CSR Express Delivery Fee	$18.00	Per express delivery request of a replacement card. Up to five (5) business days for delivery.

Your funds are eligible for FDIC insurance. Your funds will be held at or transferred to The Bancorp Bank, an FDIC-insured institution. Once there, your funds are insured up to $250,000 by the FDIC in the event The Bancorp Bank fails, if specific deposit insurance requirements are met and your card is registered. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact FIS Cardholder Services Bank by calling 1-866-466-8897, by mail at P.O. Box 5017, Sioux Falls, SD 57117-5017.

For general information about prepaid accounts, visit cfpb.gov/prepaid.
If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.