North Carolina Child Support Enforcement Program DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE IN BLUE OR BLACK INK. INCOMPLETE OR INCORRECT INFORMATION MAY RESULT					
IN A DELAY IN PROCESSING THI	•			FECT.	
Until this reques	t is processed, paymo	ents will be ma	de by debit card or check.		
NAME:					
(LAST)			(FIRST)		
SOCIAL SECURITY NUMBE	R		MPI #		
ADDRESS:			HOME PHONE # ()		
(STREET/POB)					
	(STATE)		_ WORK PHONE # ()		
(CITY)	(STATE)	(ZIP CODE)			
1. CHECK THE TYPE OF REQUEST	BELOW:				
START/CHANGE DIRECT DEP	OSIT – CHECK TYPE OF A	CCOUNT AND PR	OVIDE DOCUMENTATION.		
CHECKING ACCT – ATT. HAVE THE BANK COMPL			IIS FORM (NO STARTER CHECKS); C D AND SIGN #3 BELOW.	PR	
SAVINGS ACCT – THE BA	NK MUST COMPLETE #2	BELOW. READ AN	D SIGN #3 BELOW.		
STOP DIRECT DEPOSIT – DO	NOT ATTACH A CHECK. P	LEASE SIGN # 3 B	BELOW.		
2. Bank information – the ban not have a preprinted check		SECTION FOR A S.	AVINGS ACCOUNT OR IF YOU DO		
BANK NAME			_BANK PHONE #		
BANK ADDRESS					
BANK ROUTING NUMBER					
BANK ACCOUNT NUMBER			_		
BANK REPRESENTATIVE'S NAME (PRINTED)				

3. AUTHORIZATION AND SIGNATURE. PLEASE READ, SIGN AND DATE. PLEASE DO NOT SEND CORRESPONDENCE WITH THIS DOCUMENT.

I hereby authorize the NC Child Support Enforcement program (CSE) to deposit my child support payments to the financial institution account named above. CSE will make deposits to this bank account until I cancel the authorization and CSE has time to process the cancellation. I authorize CSE to contact the financial institution and make debit entries and adjustments for any credit entries made in error to my account. I understand that until this request is processed, payments will be made by debit card or check.

YOUR SIGNATURE:

BANK REPRESENTATIVE'S SIGNATURE

DATE:____/___/

Date

/

MAIL SIGNED ORIGINAL COMPLETED FORM TO: NCCSE –EFT PO BOX 19807 Raleigh, North Carolina 27619 If you have questions or address changes, call 1-800-992-9457.