

# New York State Child Support Direct Deposit Enrollment Form

For Direct Deposit ONLY. Do not use this form if you wish to receive a debit card.

Directions:

1. Complete **BOTH** sections below and return this form, **ONLY** if you wish to enroll in Direct Deposit.
2. Your name must appear on your bank or credit union account.
3. Your enrollment cannot be processed without your New York Case Identifier.
4. If you are receiving payments on more than one New York Case Identifier, you will need to complete and submit a separate form for each case.
5. Return the completed form to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367.
6. For any questions on how to complete this form, contact the Child Support Helpline at 888-208-4485, TTY 866-875-9975, Video Relay Service ([www.fcc.gov/encyclopedia/trs-providers](http://www.fcc.gov/encyclopedia/trs-providers)).

## A. Required Information for Enrolling in Direct Deposit to be Completed by the Enrollee

The following information must be provided. If ANY information is missing, the form will be returned for completion.

Your Name

Email Address (optional) \_\_\_\_\_

\_\_\_\_\_  
Last First MI

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your Mailing Address:

County Name \_\_\_\_\_

Street \_\_\_\_\_

New York Case Identifier \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (Month-Day- Four Digit Year)

I certify that I am entitled to child support, or combined child and spousal support, payments for the above New York Case Identifier. I authorize that all my child support and/or spousal support payments to the financial institution named below be deposited in the account indicated by the financial institution. This authorization will remain in force until I provide written notice of cancellation. I understand and agree to a reasonable time to process the cancellation notice.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## B. Required Information to be Completed by the Financial Institution

Please take this form to your bank or credit union for the following information and their signature:

Bank Information: Name of Financial Institution (bank or credit union): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Information: \_\_\_\_ Checking \_\_\_\_ Savings (This **CANNOT** be a Trust Account to benefit another or a Foreign Financial Institution Account)

Account Number \_\_\_\_\_ Routing Transit Number \_\_\_\_\_

As representative of the above-named Financial Institution, I certify this financial Institution is ACH capable and will receive and deposit the support payments to the bank account number shown above.

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Representative Printed Name

\_\_\_\_\_  
Date