

New York State Child Support Direct Deposit Cancellation Form

To cancel your enrollment in Direct Deposit, you MUST fill out this form and return it to the following address:

NYS Child Support Processing Center
PO Box 15367
Albany NY 12212-5367

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.

Upon receipt of your cancellation form, you will be automatically pre-enrolled in the New York debit Mastercard® program. You will receive the New York debit card information packet once your cancellation has been fully processed. If you already have a New York debit card for another account, payments on this account will start disbursing to your current debit card once the cancellation is processed.

Use Black Ink Only

Required Information for Cancelling Direct Deposit

I would like to cancel my enrollment in Direct Deposit.

County Name _____

Your Name

New York Case Identifier _____

Last First MI

Your Mailing Address:

Phone Number (____) ____ - _____

Street _____

City _____ State _____ Zip Code _____

Direct Deposit Bank Account Information:

Account Number _____ Routing Transit Number _____

Name of Financial Institution (bank or credit union): _____

I authorize cancellation of direct deposit of my child support, or combined child and spousal support, payments to the above noted financial institution bank account. I understand and agree to a reasonable time to process this cancellation notice.

Signature _____

Date ____ / ____ / ____