

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. (Please type or print clearly using black ink.)

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 child support account in New York State, you will need to complete and submit a separate form for each child support account. Be sure to include the New York Case Identifier.
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, or to request a debit card, contact the Child Support Helpline at 888-208-4485, TTY 866-875-9975, Relay Service (www.fcc.gov/general/internet-based-trs-providers).

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

You must provide the following information about yourself and your child support account.

If ANY information is missing, the form will be returned for completion.

First name	MI	Last name		
Mailing address		City	State	ZIP
Date of birth (MM/DD/YYYY) ____ / ____ / ____	Social Security Number ____ - ____ - ____	New York Case Identifier (e.g., AB12345C1)	County name	
Phone Number (____) ____ - ____	Email Address (Optional) _____			

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 (MM/DD/YYYY) ____ / ____ / ____
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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):

Mailing address	City	State	ZIP
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Account Information:

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

Account Number	Routing Transit Number
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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 (MM/DD/YYYY) ____ / ____ / ____
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