DIRECT DEPOSIT ~ OREGON ELECTRONIC DISTRIBUTION ENROLLMENT/AUTHORIZATION FORM

Print

Send completed authorization to **DOJ / DCS, P.O. Box 14320, Salem, OR 97309** OR Fax to **(503) 986-2416**

* Required Fields. Incomplete Authorizations may be returned to you causing a delay in your request.

Reset

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK; Applications completed with red ink or pencil will be returned.

PERSONAL INFORMATION

CSP Case Number(s) (Include all Oregon CSP case numbers you want deposited into this banking account.)

Please deposit payments for ALL of my active cases into the banking account listed below: [ ] **YES** [ ] **NO**

0 _____ 41 0 _____ 41 0 _____ 41 0 _____ 41

If you would like to include additional cases please write them on a separate piece of paper or check the box above if appropriate.

***Name:** (The name that's currently on your child support checks)

LAST, FIRST, M I

***Date of Birth** (mm/dd/yyyy)**:** / / ***Social Security Number:** - -

***Current Address** Street Address (P.O. Box # / Apt #,) City, State, Zip Code, Country:

***Contact Phone #** (area code) ( ) **Alternate Phone #** (area code) ( )

Please check this box to give the Child Support Program permission to leave a detailed message about this application if needed: [ ]

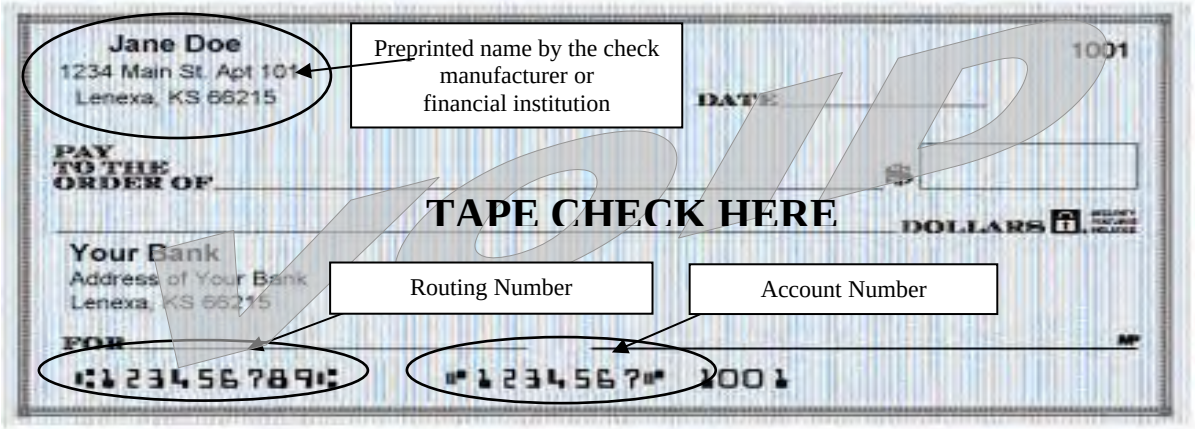
BANK OR CREDIT UNION INFORMATION

***Name of Financial Institution (FI):** [ ] ***Checking** [ ] ***Savings**

FI Phone # (area code) ( ) ***Name of Account Holder:**

***Routing Transit Number :** __ __ __ __ __ __ __ __ __ ***Account Number:**

⇩ ATTACH A VOIDED CHECK IDENTIFYING YOU AS A **SIGNER ON THIS ACCOUNT** ⇩



If you do not have checks you must attach a letter from your Financial Institution, stamped/signed by them, on their letterhead that identifies:

- You as a signer on the account
- Your routing number
- Your complete account number
- Provides your name

In lieu of a letter, your FI representative may sign or teller stamp in this box verifying the bank information you have provided above is complete and accurate:

AUTHORIZATION: I certify I am entitled to the payments for the cases listed above. I authorize the Oregon Child Support Program (CSP) to initiate credit entries of my child support payments, and if necessary debit entries for transactions made in error, into the account above. I understand my payments will continue to be deposited in this account and this authorization will remain in full force and effect, until the CSP receives written notification from me of termination or change of account or financial institution, at such time and in a manner to provide a reasonable opportunity to act on it. To change financial institutions or accounts, I will complete and submit a new Authorization form. By signing this form I authorize the named financial institution to assist the CSP in validating the account information provided by me as related to the requirements of this application.

INTERNATIONAL TRANSACTION CERTIFICATION

I certify that the entire amount of my direct deposit payment IS NOT deposited to a financial institution outside the U.S. (NOTE: If your entire net payment IS directed outside the U.S. contact the Oregon Child Support Program).

SIGNATURE: **DATE:**

If the Child Support Program is not able to process this form with the information provided please continue sending deposits to my account on record until a corrected application can be provided.

[ ] **YES, continue deposits**
[ ] **NO, suspend deposits**

(If neither option is checked your deposits will be suspended until a valid and complete application can be processed)

If you have any questions about this form please contact 1-800-850-0228 or visit the Oregon Child Support Program website at: www.oregonchildsupport.gov