ReliaCard

OREGON ELECTRONIC DISTRIBUTION ENROLLMENT/AUTHORIZATION FORM

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.

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 ReliaCard account.)

Please deposit payments for ALL of my active cases into a single ReliaCard account: [ ] **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: [ ]

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:** _____

Information about fees associated with ReliaCard may be found at the Oregon Child Support Program website at: www.OregonChildSupport.gov
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