AUTHORIZATION FOR DIRECT DEPOSIT

For your Child Support payments to be deposited directly in your checking or savings account, please complete the required information and follow the directions provided. We will not be able to set up your direct deposit until this signed authorization form is received by our office.

If you do not return an authorization for direct deposit form, this office will automatically enroll you in the KIDS Card debit card program.

Please note: Your direct deposit will not become active until your account information is entered into our system and it is verified by your bank. This process may take one payment cycle plus 14 days to become finalized.

I understand that by completing this form, I am authorizing The Department of Human Services, Office of Child Support Services, to initiate direct deposit of Child Support to my checking/savings account at the financial institution named below.

CUSTODIAL PARENT NAME: _____

_____

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION ADDRESS: _____

_____

ACCOUNT NUMBER: _____

ACCOUNT TYPE (MARK ONE) **[ ]** CHECKING ACCOUNT

[ ] SAVINGS ACCOUNT

☐ Remember to include a **VOIDED BLANK CHECK** for the account where the direct deposit is made

OR

☐ A **LETTER FROM YOUR FINANCIAL INSTITUTION** that includes your name, address, bank routing number, and account number. The letter **MUST BE ON BANK LETTERHEAD** and signed by a bank representative. **Your name must appear on the account.** Please do not send a deposit slip.

Mail the signed authorization form to our office: **RI Office of Child Support Services, Accounting Office, 77 Dorrance Street, Providence RI 02903.**

Please be advised: If a payment is incorrectly deposited into your account, the Department of Human Services - Office of Child Support Services will immediately correct the mistake and notify you of the removal of the mis-posted funds from your account.

This authority remains in effect until the Office of Child Support Services has written notification from you of its termination in such time and manner as to give the Office of Child Support Services a reasonable opportunity to act on it.

Signed: _____ Dated: _____

SSN: _____ Phone: _____