

RHODE ISLAND KIDS CARD

ELECTRONIC PAYMENT CARD (EPC) AUTHORIZATION FORM

Please Note: If the custodial parent does not complete and return the Direct Deposit Authorization or the EPC Authorization, you will automatically receive a Kids Card debit card in the mail. You must activate the card to access payments.

Send completed authorization to **RI Office of Child Support Services, Accounting Office, 77 Dorrance Street, Providence RI 02903**, OR Fax to (401) 458-4409. Incomplete Authorizations may be returned to you causing a delay in your request. **PLEASE PRINT CLEARLY IN BLACK OR BLUE INK.** * *Required Fields.*

PERSONAL INFORMATION

Case Number(s): Please include all active Child Support case numbers. If necessary, attach additional paperwork.

***Name:** *(The name that's currently on your Child Support checks)*

Last	First	Middle	Sr., Jr., III, etc.
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***Date of Birth:**

***Social Security Number:**

***Current Address:**

Street

City / State / Zip Code

* **Contact Telephone Number:**

Alternate Telephone Number:

Check this box to give the OCSS permission to leave a detailed message about this application if needed : []

AUTHORIZATION I understand that by signing this authorization all my Child Support payments will be directed to the Kids Card electronic payment card. I certify I am entitled to the payments for the cases listed above. I authorize the Rhode Island Office of Child Support Services (OCSS) to initiate credit entries of my Child Support payments and if necessary, debit entries for transactions made in error, into the EPC account. I understand I will automatically be enrolled in the Kids Card debit card program and my payments will continue to be deposited in this account and this authorization will remain in full force and effect, until the OCSS 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 the financial institutions, accounts, or the method I receive payments, I will complete and submit a new Direct Deposit Authorization or the EPC Authorization form. By signing this form, I authorize the named financial institution to assist the OCSS 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 Rhode Island Office of Child Support Services.)

Signed: _____ Dated: _____

Information about any fees that are associated with the Money Network debit card is included in this mailing. You may also view the OCSS website at <https://ocss.ri.gov> for more information.