

**STATE OF ALASKA
DEPARTMENT OF REVENUE
CHILD SUPPORT SERVICES DIVISION**

550 W 7th Avenue Ste 310
Anchorage AK 99501-6699
Phone: (907) 269-6900 Fax: (907) 269-6650
TTY: (907) 269-6894 TTY In-State Toll-Free 1-800-370-6894

Check One

- New
- Change
- Cancel

**CUSTODIAL PARENT AUTHORIZATION
FOR DIRECT DEPOSIT**

Only one form is needed even if you have multiple cases

Custodial Parent Name _____

CSSD member ID # _____
(This is the 8 digit Member Number assigned to you by CSSD, not your 9 digit case number).

Social Security Number _____
The disclosure of your social security number on this form is voluntary. We will use your social security number to assist in the identification of your bank or financial account.

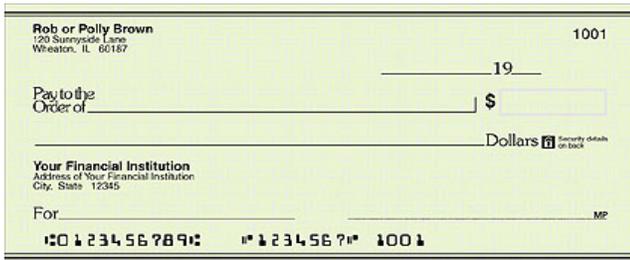
I authorize the State of Alaska CSSD to make **Direct Deposits** to the account below:

(name on account must match the name on the CSSD case)

Name of bank or financial institution: _____

Account type: CHECKING SAVINGS OTHER _____

Transit routing number and account number (example below): _____



Routing # Account #

You must attach a voided check or deposit slip
This will be used to verify the name, bank routing number, and account number

I authorize the State of Alaska CSSD to make necessary adjustments to the above account to correct any credit entries made in error. I understand that the State will make a reasonable effort to notify me within 24 hours when an adjustment is made. This authority remains in effect as long as I have an open child support case with the State of Alaska CSSD.

I understand that 30 days written notice is required to change financial institutions, account numbers, or account type; that I must notify CSSD if I close my account or change my address; that the name on the child support case must match the name on the account into which deposits are being made; and that direct deposit will begin only after the above information has been electronically verified.

Signature

Date

Day phone