

Alaska Department of Revenue  
**Child Support Services Division**

Please Reply To:  
CSSD, MS  
(907) 269-6900  
550 W. 7<sup>TH</sup> Ave., Suite 310  
Anchorage, AK 99501-6699

Member-ID:  
Case-ID(s):

**EFT Payment Agreement**

I AGREE to pay \$ \_\_\_\_\_ for monthly child support and \$ \_\_\_\_\_ for arrears payment, for a total of \$ \_\_\_\_\_ by Electronic Funds Transfer (EFT) through a direct withdrawal from my financial accounts (as designated on the attached EFT form) on the \_\_\_\_\_ day (1<sup>st</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, or 25<sup>th</sup>) of the month in lieu of wage withholding.

I understand completing this form is not an automatic approval, and my request may be denied by CSSD management.

I agree that:

1. If I fail to pay as agreed, I understand that CSSD will terminate the EFT process and reinstate wage withholding through my employer immediately (without prior notification).
2. I will notify my caseworker (by phone and in writing) with any changes to my employment or address.
3. All other enforcement actions will continue.

\_\_\_\_\_  
Obligor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Obligor Printed Name

**This form must accompany the *Non Custodial Parent Direct Withdrawal Authorization 04-0008B* form**

