

## **Direct Deposit**

Stop going to the bank to cash your checks and start receiving your payments in your bank account. Here are just a few reasons why you should sign up for Direct Deposit today:

- It's easy and secure
- On time, every time
- Saves you trips to the bank
- Works, even when you are away from home
- Gives you quick access to your money
- Eliminates the risk of lost or stolen checks
- Enables you to avoid other fees
- Helps protect the environment

## Sign up for Direct Deposit today! Getting started is easy...

Simply fill out the Authorization Form below. Just be sure to sign and date the form and fax it to 907-787-3220 or mail it to the following address: Child Support Services Division

550 W 7th Ave, Suite 310 Anchorage, AK 99501-6699

## **Direct Deposit Authorization Form**

Custodial Parent's Name (please print)					
		First	Middle Initial	Last	
Mailing Address					
	Street Address or PO Bo	x	City	State	Zip
Daytime Phone () Social Security Number					
			SSN is not required for dire In the identification of your	•	
Date of Birth/	/	/ CSSD Member ID#			
			This is the 8-digit Member Nu case number.	ımber assigne	ed by CSSD, not your
Account Type Checking Savings Name of bank or financial institution:					
Attach a check or deposit slip, locate your banks routing number and your account number.					
	ABC Corporation 123 Main Street Anyplace, NJ 07000		1234		
	PAY TO THE ORDER OF	MPLE -	\$		
		SAT	DOLLARS		
	ANYTOWN BANK Anytown, MD 20000 For				
	1:123456789 <u>1:</u> 0	123	4		
	Routing Number		234		
Routing Number		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 CSSD 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 and that I must notify CSSD if I close my account or change my mailing address.					
				,	

Signature (required) \_\_\_\_\_ Date (required) \_\_\_\_/ \_\_\_/ For more information, call the Alaska Child Support Services Division at (907) 269-6900. Only one form is required even if you have multiple cases.