## North Carolina Child Support Enforcement Program DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE IN BLUE OR BLACK INK. INCOMPLETE OR INCORRECT INFORMATION MAY RESULT IN A DELAY IN PROCESSING THIS REQUEST. ALLOW 3 TO 4 WEEKS FOR DIRECT DEPOSIT TO TAKE EFFECT.

Until this request is processed, payments will be made by debit card or check.

NAME:				
(LAST) SOCIAL SECURITY NUMBER			(FIRST)  MPI #	
ADDRESS:			HOME PHONE # ()	
(STREE	г/РОВ)			
(CITY)	(STATE)	(ZIP CODE)	_ WORK PHONE # ()	
1. CHECK THE TYPE OF REQUEST BE	CLOW:			
START/CHANGE DIRECT DEPOS	IT – CHECK TYPE OF A	ACCOUNT AND PRO	OVIDE DOCUMENTATION.	
CHECKING ACCT – ATTAC HAVE THE BANK COMPLET			IIS FORM (NO STARTER CHECKS); OR D AND SIGN #3 BELOW.	
SAVINGS ACCT – THE BANK	K MUST COMPLETE #2	BELOW. READ AN	D SIGN #3 BELOW.	
STOP DIRECT DEPOSIT – DO NO	Т АТТАСН А СНЕСК. І	PLEASE SIGN # 3 B	ELOW.	
2. <b>BANK INFORMATION</b> – THE BANK NOT HAVE A PREPRINTED CHECK.	MUST COMPLETE THIS	S SECTION FOR A S.	AVINGS ACCOUNT OR IF YOU DO	
BANK NAME			_BANK PHONE#	
BANK ADDRESS				
BANK ROUTING NUMBER				
BANK ACCOUNT NUMBER			_	
BANK REPRESENTATIVE'S NAME (PR	INTED)			
BANK REPRESENTATIVE'S SIGNATUR	E		Date/	
3. AUTHORIZATION AND SIGNATURE DOCUMENT.	E. PLEASE READ, SIGN	N AND DATE. PLEAS	SE DO NOT SEND CORRESPONDENCE	WITH THIS
I hereby authorize the NC Child Sup financial institution account named a and CSE has time to process the cand and adjustments for any credit entrie payments will be made by debit card	bove. CSE will make cellation. I authorize s made in error to my	e deposits to this b CSE to contact the	oank account until I cancel the authorse financial institution and make deb	orization oit entries
YOUR SIGNATURE:			DATE://	
MAIL SIGNED ORIGINAL COMPLET NCCSE –EFT PO BOX 19807 Raleigh, North Carolina 27619 If you have questions or address cl		92-9457.		

DSS-4718 Rev 08/2009 For Office Use Only: Date of Receipt\_\_\_\_\_