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) (FIRST) (MI)

SOCIAL SECURITY NUMBER_____ MPI #_____

ADDRESS: _____ HOME PHONE # (____)_____
(STREET/POB)

_____ WORK PHONE # (____)_____
(CITY) (STATE) (ZIP CODE)

1. **CHECK THE TYPE OF REQUEST BELOW**:

____ START/CHANGE DIRECT DEPOSIT – CHECK TYPE OF ACCOUNT AND PROVIDE DOCUMENTATION.

____ CHECKING ACCT – ATTACH A VOIDED PREPRINTED CHECK TO THIS FORM (NO STARTER CHECKS); OR HAVE THE BANK COMPLETE THE INFORMATION IN #2 BELOW. **READ AND SIGN #3 BELOW.**

____ SAVINGS ACCT – THE BANK MUST COMPLETE #2 BELOW. **READ AND SIGN #3 BELOW**.

____ STOP DIRECT DEPOSIT – DO NOT ATTACH A CHECK. **PLEASE SIGN # 3 BELOW**.

2. **BANK INFORMATION** – THE BANK MUST COMPLETE THIS SECTION FOR A SAVINGS ACCOUNT OR IF YOU DO NOT HAVE A PREPRINTED CHECK.

BANK NAME_____ BANK PHONE # _____

BANK ADDRESS_____

BANK ROUTING NUMBER ____ ____ ____ ____ ____ ____ ____ ____ ____

BANK ACCOUNT NUMBER _____

BANK REPRESENTATIVE'S NAME (PRINTED) _____

BANK REPRESENTATIVE'S SIGNATURE_____ Date ___/____/_____

3. **AUTHORIZATION AND SIGNATURE.** PLEASE READ, SIGN AND DATE. PLEASE DO NOT SEND CORRESPONDENCE WITH THIS DOCUMENT.

I hereby authorize the NC Child Support Enforcement program (CSE) to deposit my child support payments to the financial institution account named above. CSE will make deposits to this bank account until I cancel the authorization and CSE has time to process the cancellation. I authorize CSE to contact the financial institution and make debit entries and adjustments for any credit entries made in error to my account. I understand that until this request is processed, payments will be made by debit card or check.

YOUR SIGNATURE: _____ **DATE**:_____/_____/_____

MAIL SIGNED ORIGINAL COMPLETED FORM TO:
NCCSE –EFT
PO BOX 19807
Raleigh, North Carolina 27619
If you have questions or address changes, call 1-800-992-9457.

For Office Use Only: Date of Receipt_____