



P.O. Box 6098
 Indianapolis, IN 46206-6098
 1-800-840-8757
 Fax: 317-241-9635

* This authorization requests the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is **mandatory**; this record cannot be processed without it.

<input type="checkbox"/> New Request	<input type="checkbox"/> Change Request
--------------------------------------	---

Please complete this form and mail it to the address above if you wish to have your support payments deposited automatically into your checking or savings account. You may choose only one account to which these funds will be deposited, regardless of the number of child support cases that you have open with the State of Indiana. **This authorization applies to funds received at the INSCCU and the Clerk of Courts that are using Electronic Banking to disburse funds.** It **does not** apply to funds received in Clerk of Courts offices that are not using Electronic Banking. Any time this form is submitted, all funds will be directed to that account following the 10 day waiting period where applicable. No notices will be sent as funds are disbursed.

Name of custodial party		Social Security number of custodial party *		Daytime telephone number	
Home address (number and street)			City	State	ZIP code
Name of your financial institution (bank, credit union, etc.)					
Address of your financial institution (number and street)			City	State	ZIP code
Telephone number of your financial institution ()			Routing number of your financial institution		
You may have your payments deposited to <u>one</u> of the following:					
Checking account number			Savings account number		

YOU MUST INCLUDE A VOIDED CHECK (WITH YOUR ACCOUNT NUMBER MACHINE ENCODED) WITH THIS FORM FOR CHECKING ACCOUNT. FOR A SAVINGS ACCOUNT PROVIDE YOUR FINANCIAL INSTITUTION'S ROUTING NUMBER ALONG WITH THE ACCOUNT NUMBER.

Deposits will not begin for at least 10 business days after this authorization form is received at the INSCCU. Each deposit will be available in your bank approximately three (3) business days from the posting date, if processed by the INSCCU and two (2) business days if processed by the county.

Please keep a copy of this form in your records. If you change accounts, you must complete a new authorization form.

YOU MUST HAVE A VALID ADDRESS ON YOUR CHILD SUPPORT RECORD AT THE CLERK OF THE COURTS FOR THIS ARRANGEMENT TO BE VALID. IT IS YOUR RESPONSIBILITY TO KEEP THE CLERK OF THE COURTS AWARE OF YOUR CURRENT ADDRESS.

I authorize the Indiana State Central Collection Unit (INSCCU) to initiate debit entries and adjustments for any credit entries in error to my account, and I authorize the bank to perform those transactions.

Signature of custodial party	Date (month, day, year)
------------------------------	-------------------------

If funds are returned by the Financial Institution for any reason, Direct Deposit will be terminated and these funds will be issued by check or warrant to the address on the Child Support System.