

The State of California offers a Direct Deposit program as a faster, easier, and more secure option for receiving your child support payments.

To enroll, please complete and sign the application at the bottom or enroll by phone or online at www.casdu.com and select "Person Receiving Support". For more enrollment information, please contact us at 1-866-901-3212.

Complete all the information below and mail to: California Department of Child Support Services, P.O. Box 989064, West Sacramento, CA 95798-9064.
FORM MUST BE SIGNED.

Name (Last, First, and Middle Initial)

Date of Birth (Month / Day / Year)

Social Security Number or *ITIN * Individual Taxpayer Identification Number

Address (Please make sure this is your current address)

If this is an address change, please check box.

Address 1 — Street Address

Address 2 — P.O. Box Number or Apartment Number

City

State

Zip Code

Country

Home / Cell Number (Please include Area Code)

Alternate Phone Number (Please include Area Code)

Email Address

Child Support Participant Number (if you do not have a Participant Number, call 1-866-901-3212)

(Applications with no Participant Number WILL NOT BE PROCESSED)

BANK OR CREDIT UNION NAME

Bank Phone Number

Account Information

Checking Savings

Account Number

Routing Transit Number

(the 9-digit number on the bottom of your check or your deposit slip)

* Attach a check or deposit slip pre-printed with name, account number and routing number to this form before mailing.

Applications without a pre-printed check or deposit slip will not be processed.

Please sign and date the authorization section below to complete the application.

Direct Deposit Enrollment Authorization

By signing this form, I understand I am giving the California State Disbursement Unit (SDU) permission to deposit payments directly into the checking or savings account I have listed above. I have verified that the bank routing number and my account number are accurate. I understand that if I have not provided accurate bank routing and account numbers, the SDU and the California Department of Child Support Services are not liable for any mistake resulting from inaccurate account numbers. I assume responsibility to verify deposits to my account on a timely basis and understand that the SDU is not responsible for any bank fees that my financial institution may charge. This authorization is to remain in full force and effect until I cancel it by completing another Direct Deposit Authorization or I contact the California State Disbursement Unit at 1-866-901-3212. I understand that the SDU can cancel my participation in the direct deposit program, if necessary, without my written permission.

Signature

Date