

To enroll, please complete and sign the application at the bottom or enroll by phone or online at <u>www.childsupport.ca.gov/forms</u>. 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)	Child Support Participant Number (if you do not have a Participant Number, call 1-866-901-3212)
Date of Birth (Month / Day / Year)	
	ВАНК
Social Security Number or *ITIN * Individual Taxpayer Identification Number	
	Bank Telephone Number
Address (Please make sure this is your current address)	
If this is an address change, please check box.	
Address 1 — Street Address	Account Information
	Checking Savings
Address 2 — P.O. Box Number or Apartment Number	Account Number
City	Routing Transit Number (the 9-digit number on the bottom of your check or your deposit slip) Void of the sector
	Routing Transit Number
	(the 9-digit number on the bottom of your check or your deposit slip)
State Zip Code Country	
Home / Cell Number (Please include Area Code)	
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	* Attach a check or deposit slip pre-printed with
Alternate Phone Number (Please include Area Code)	name, account number and routing number to this form before mailing.
Email Address	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.