DIRECT DEPOSIT ENROLLMENT AND AUTHORIZATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILD SUPPORT
SFN 161 (Rev. 3-2009)

Clear Fields

Direct Deposit Unit
PO Box 7007
Bismarck, ND 58507-7007
701-328-5440 or 1-800-231-4255

I want the Direct Deposit Unit to deposit my child, spousal, and/or medical support payments directly into my personal account in the financial institution listed below.

PERSONAL INFORMATION (Please Print)

Name (Last, First, Middle)		
Address (Street)	Apartment Number	
City	State	ZIP Code
Daytime Telephone Number	Social Security Number	

Disclosure of the social security number is requested for the purpose of ensuring correct identification of individuals in the state case registry. Social security numbers are required to be included in the state case registry pursuant to 42 USC 654a (e)(3) and (e)(4)(D). Failure to disclose this information will affect enrollment in the Direct Deposit option.

FINANCIAL INSTITUTION INFORMATION (Please Print) or enroll online at www.childsupportnd.com

Financial Institution Name		
Address (Street)	Apartment Number	
City	State	ZIP Code
Financial Institution Routing Number	Personal Account Number	

ACCOUNT TYPE (Check One)

☐ Checking — Attach a voided, blank check from the checking account to which the direct deposit will be made. Your name must appear on the account. All identifying information on the check must be computer generated by the financial institution.

☐ Savings — Attach a deposit slip to which the direct deposit will be made. Your name must appear on the account. All identifying information on the deposit slip must be computer generated by the financial institution.

If no check (for checking account) or deposit slip (for savings account) is available, a letter from your financial institution on their letterhead or a pre-printed form will be accepted. The letter or form must have your name, address, and personal account number along with the financial institution's routing number and be singed by a financial institution representative.

AUTHORIZATION

I authorize the Direct Deposit Unit to credit my support payments to the above account and, if necessary, reverse any incorrect payments made in error. I acknowledge that a new enrollment form must be completed if I choose to change financial institutions or account numbers. I further acknowledge that I must notify the Direct Deposit Unit immediately if my account is closed.

Signature	Date