



**OPT-OUT OF MAKING INCOME WITHHOLDING
PAYMENTS ELECTRONICALLY**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILD SUPPORT
SFN 1967 (10-2022)

Criteria for opting out of making income withholding payments electronically:

The income payer:

- (1) employs more than 24 employees at any time and
- (2) is currently withholding support as directed in four or fewer income withholding orders.

Business Name	Federal Employer Identification Number (FEIN)		
Address	City	State	ZIP Code
Total Number of Full and Part-time Employees Employed Last Quarter	Total Number of Full and Part-time Employees Employed Current Quarter		

This income payer meets the criteria to opt-out of the requirement to remit payments electronically. I understand that the opt-out will no longer apply if this income payer employs more than 24 employees at any time (beginning with the calendar quarter in which the employer first employs more than 24 employees) and is withholding support as directed by five or more income withholding orders.

Name of Individual Submitting Opt-Out Request	Telephone Number
Title	Date Submitted

Send opt-out form or the above-requested information to:

Employer Relations Administrator
Child Support
PO Box 7190
Bismarck, ND 58507-7190
Fax: 701-328-5425
E-mail: sohire@nd.gov (Note: this is not a secure e-mail address)