DIRECT DEPOSIT ENROLLMENT AND AUTHORIZATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILD SUPPORT
SFN 161 (9-2022)

Clear Fields

Child Support
PO Box 7190
Bismarck, ND 58507-7190
701-328-5440 or 1-800-231-4255

Complete this form, attach the required document, and return to Child Support to authorize direct deposit of your support payments.

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)	Suite Number	
City	State	ZIP Code
Financial Institution Routing Number	Personal Account Number	

ACCOUNT TYPE (Check One)

☐ Checking — Attach a voided, blank check or deposit slip from the checking account to which the direct deposit will be made.

☐ Savings — Attach a deposit slip to which the direct deposit will be made.

If no check or deposit slip is available, a letter from the financial institution on their letterhead or a pre-printed form will be accepted.

AUTHORIZATION

I authorize Child Support to deposit 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 change this bank or account number. I further acknowledge that I must notify Child Support immediately if this account is closed.

Signature	Date