## North Carolina Child Support Enforcement Program DIRECT DEPOSIT AUTHORIZATION

**PLEASE COMPLETE IN BLUE OR BLACK INK.** INCOMPLETE OR INCORRECT INFORMATION MAY RESULT IN A DELAY IN PROCESSING THIS REQUEST. ALLOW 3 TO 4 WEEKS FOR DIRECT DEPOSIT TO TAKE EFFECT.

NAME(LAST)			
(LAST)	FIRST	MI	
SOCIAL SECURITY NUMBER	MPI #		
HOME PHONE:	WORK PHONE		
1. CHECK ONE:DIRECT DEPOSIT REQU	UESTCHANGECANCEI	LLATION	
. If this is a cancellation, no banking information is necessary. <b>Go to #5.</b>			
3. ACCOUNT TYPE (CHECK ONE): CHEC	ACCOUNT TYPE (CHECK ONE): CHECKINGSAVINGS		
4. ATTACH A VOIDED CHECK (PREPRINTED, NO COUNTER CHECKS) HERE AND GO TO #5 OR IF A CHECK IS NOT AVAILABLE, HAVE YOUR BANK COMPLETE THE FOLLOWING AND GO TO #5			
BANK NAME	BANK PHONE #		
BANK ADDRESS			
BANK ROUTING NUMBER			
BANK ACCOUNT NUMBER			
BANK REPRESENTATIVE'S NAME (PRINTED)			
BANK REPRESENTATIVE'S SIGNATURE	Da	te/	
<ol> <li>AUTHORIZATION AND SIGNATURE. Please read, sign and date. Please do not send correspondence with this document.</li> </ol>			
I hereby authorize the NC Child Support Enforcement to the financial institution account named above. CSE the authorization and CSE has time to process the car institution and make debit entries and adjustments for understand that until this request is processed, payme	E will make deposits to this bank according to the contact of the	unt until I cancel the financial y account. I	
YOUR SIGNATURE:	DATE:/_	/	
MAIL SIGNED ORIGINAL COMPLETED FOR NCCSE - EFT PO Box 19807 Raleigh, North Carolina 27619 If you have	M TO: questions or address changes, call 1	-800-992-9457	
Please note: Until this request is processed, payments will be made by debit card or check.			