Nathan Deal, Governor

Keith Horton, Commissioner

Georgia Department of Human Services ▪ Division of Child Support Services ▪ Tanguler Gray-Johnson, Director
Two Peachtree Street, NW ▪ 20th Floor ▪ Atlanta, GA 30303 ▪ 404-657-3851 ▪ 404-657-3326 (Fax)

DIVISION OF CHILD SUPPORT SERVICES

To have child support sent directly to your checking account, please read, complete and print this form. Include a voided check with your form. Mail both the voided check and this form to your local Child Support Services office.

Note: Child Support can direct deposit to checking or savings accounts.

Section 1:	**Authorization Agreement for Direct Deposit of Child Support Payments**

I authorize Child Support Enforcement (DCSS) to deposit my child support payments directly into my checking or savings account. **DCSS is also authorized to adjust any over/under deposit it has made to my checking or savings account**. I understand the deposits/adjustments will be made electronically by ACH transactions and I must allow the Federal Reserve two workdays from the disbursement date to have the funds available to my financial institution. I also understand the following: It is my responsibility to provide correct routing and account information for ACH transmissions by attaching a voided check or financial institution printout to this authorization. DCSS does no pre-note to verify my information. I will immediately notify DCSS if my banking information changes. I must submit a new authorization form to change my direct deposit. I can stop my direct deposit by notifying the DCSS Hotline or local office. I must notify the DCSS local office of any changes to my address. I must include my name and case number on all correspondence regarding direct deposit. The DCSS Hotline and web site provide the date the DCSS system disbursed my payment; I must verify with my financial institution when the payment is posted to my account and funds are available for withdrawal.

By signing below I signify that I have read and agree to all of the conditions listed above.

Signature: _____	**Date Signed:** _____

****PLEASE TYPE OR LEGIBLY PRINT ALL INFORMATION BELOW IN INK****

Section 2:	**CUSTODIAL PARENT INFORMATION**	
Name: (As it appears on your GA DCSS check)		GA DCSS Case Number:
Social Security Number:		Additional GA DCSS Case Numbers:
Mailing Address:		
City:	State:	Zip:
Daytime Telephone:		**Email:**

Section 3:	**FINANCIAL INSTITUTION INFORMATION**	
Name of financial institution:		
Routing Number	Account Number	Account Type: [ ] Checking [ ] Savings
City:	State:	Telephone:

Section 4:	**For DCSS use ONLY**	
Date received:	Date input:	Initials:
Date verified	Initials:	

Please verify all information then, mail this completed form and a void check/financial institution printout to the local DCSS office. Check here if this is a bank card only account . _____