



DIRECT DEPOSIT AUTHORIZATION

Date: _____

Name: _____

Address: _____

This is a:

New Request

Change Bank Accounts

Request DCSE cancel my direct deposit.
I am closing my case.

Social Security
Number: _____

Case Number: _____

Bank Name: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Account Type: Checking Savings Account Number _____ Routing Number _____

Detach this page from the application and send this completed form, along with either: a voided check, deposit slip, bank statement with your name and bank account number or an Account Verification form prepared by your bank with your name and bank account number preprinted on the form to

I authorize the Division of Child Support Enforcement to make deposits to this bank account until I change this authorization.

Signature: _____ Date: _____

Print Name: _____

Please allow DCSE 15-30 days to process a Direct Deposit request. The Division will notify you when your request is set up. Direct Deposit will start 15 days after pre-notification. Funds will be available, in most instances, for use within 2 business days after DCSE applies the payment to your case. If you have questions, please contact our Customer Service Center at 1-800-468-8894.

Send this completed form to:
Division of Child Support Enforcement/SDU
Attn: EFT Disbursement Unit
P.O. Box 586
Richmond VA 23218-0856
OR
Fax to: 804-726-7955

NOTICE: Federal law requires all people subject to child support orders to provide their social security numbers. We take your privacy very seriously. Social security numbers are kept in the case records and are only used to locate parents to establish paternity and establish, modify, and enforce support obligations.