STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT DIVISION

SIGNING UP FOR DIRECT DEPOSIT

To authorize the Child Support Enforcement Division (CSED) to deposit payments directly to your bank account, complete and return this form with your application.

To cancel direct deposit or to change bank information, fax your request to 406-444-6934 or mail it to CSED EFT Disbursements, Fiscal Unit, PO Box 202943, Helena MT 59620.

DIRECT DEPOSIT AUTHORIZATION FORM

Please print your responses.

Last Name: _____
First: _____ M Initial: ____
Soc Sec Number: _____
Daytime Phone Number: _____

I authorize the CSED to make deposits to the following account. (Your name must be on the account.)

Bank Name: _____
Bank Address: _____
_____
Bank Phone Number: _____
Bank Routing Number: _____
Account Number: _____

Account Type: ☐ Checking ☐ Savings
(Select only one account type.)

I will promptly repay any amount that is overpaid to this account.

I will notify the CSED in writing if I want my payments sent to a different account or if I want direct deposit stopped. I will complete a new Authorization Form if I want payments sent to a different bank.

_____
Signature Date

Forms returned without a signature will be rejected

Tape voided check blank or savings deposit ticket here.

The CSED cannot implement direct deposit unless you provide **all the information** requested on the Authorization Form.

For CSED Use Only
Date Entered / Initials: _____
Date Verified / Initials: _____

Although this form may be saved to your computer for future reference, it is necessary to print the application and sign it.

Print Form

DD-Auth
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