

WI SCTF
PO Box 07914
Milwaukee WI 53207-0914



Wisconsin CARES About KIDS
WI Support Collections Trust Fund

TEL: 800-991-5530
TDD: 877-209-5209

Authorization Form: Direct Deposit

Please print and **complete ALL the information below**. We **WILL NOT** process forms with missing information.

Name: _____

Address: _____

City/State/ZIP: _____

Daytime Telephone: (____) _____

Home Telephone: (____) _____

Your Child Support PIN Number: _____
(Contact your Child Support Agency if you do not know your PIN)

Social Security Number: _____

Bank Routing Number: _____
(See sample check or contact your bank for the routing number)

Bank Account Number: _____
(See sample check or contact your bank for the account number)

Account Type: Checking Savings (Check One)

Bank Name: _____

Bank City/State: _____

I want to: Sign up for Direct Deposit Change My Account Cancel Direct Deposit (Check One)

I agree: (Check One)

The whole amount of my direct deposit payment **will NOT** be moved to an account **outside the United States**.

The whole amount of my direct deposit payment **will** be moved to an account **outside the United States**.

Note: By signing this form you authorize the WI Support Collections Trust Fund (WI SCTF) to initiate payments to the above account. You may check the date your payments were processed by the WI SCTF online at childsupport.wisconsin.gov or by calling the WI Support Collections Trust Fund at the phone numbers listed above.

It takes at least 2 business days from the date the WI SCTF processes your payment for your bank or credit union to credit a direct deposit payment to your bank account. It is very rare, but there might be further delays in the direct deposit of support payments. We recommend that you confirm the direct deposit with your financial institution to be sure the deposit transaction is complete.

You are responsible for ensuring that there are adequate funds in your account before withdrawing funds. The Department of Children and Families and its vendors are not liable for overdraft fees and charges.

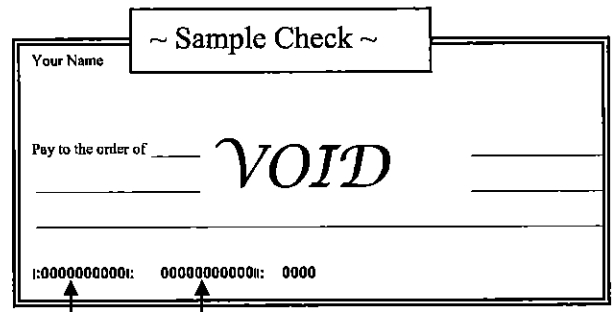
Please sign and date this form, then mail it to the address at the top of the form.

Signature: _____

Date: _____

Office Use Only: Sent By: _____ Date Received: ____/____/____ Entered By: _____

Important
You **must** include a copy of your check showing the account and routing numbers.
Write "Void" across your check



Routing Number Account Number