

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Support Enforcement
Arizona State Disbursement Unit
ELECTRONIC PAYMENT AUTHORIZATION

Check applicable box(es):

New Direct Deposit Authorization New Electronic Payment Card Changes to Account Information Only

If you fail to provide all the information requested on this form, your request will not be processed and this form will be returned to you.

IV-D cases (If you receive or have received cash assistance in the past, and/or have applied for IV-D services, or if you have an open case with DCSE, then your case is considered a IV-D case.)

Non IV-D cases (ALL NON-DCSE IV-D cases where only the local court is involved)

COURT ORDER NUMBER	DO# ATLAS CASE NUMBER
NAME (Last, First, M.I.)	SOCIAL SECURITY NUMBER
CURRENT MAILING ADDRESS (<i>No., Street, P.O. Box, City, State, Zip</i>)	CONTACT'S TELEPHONE NUMBER () -
	CUSTODIAL PARENT'S DATES OF BIRTH (MM/DD/YYYY)

I hereby authorize the Arizona State Disbursement Unit (SDU) or its agent designated to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my (our) **Checking**, **Savings Account** indicated below, to credit and/or debit the same to such account for the purpose of support payments.

DIRECT DEPOSIT ONLY

IMPORTANT! Please attach a copy of a voided check from your account or a letter from your financial institution if a check is not available.

BANK ROUTING NUMBER	ACCOUNT NUMBER	FINANCIAL INSTITUTION'S NAME
1 ST NAME ON ACCOUNT (<i>Last, First, M.I.</i>)		2 ND NAME ON ACCOUNT (<i>Last, First, M.I.</i>)

All of your child support payments and, if applicable, spousal maintenance will go through direct deposit. They will be deposited into one account only, which can be a savings or checking account. If you wish funds to be deposited to your checking account, **YOU MUST ATTACH A PERSONAL CHECK MARKED "VOID"** and complete the following information. If you wish funds to be deposited to your savings account, **please provide a letter from your financial institution with your routing and account number.**

This authority is to remain in full force and effect until DCSE has received written notification from me of its termination in such time and in such manner as to afford DCSE a reasonable opportunity to act on the notice. This authority may also be terminated by DCSE or its agent by mailing notice to the last mailing address I provided to DCSE or it agent.

_____ I will keep the Arizona State Disbursement Unit (SDU) or its agent informed of any address change that may occur. I understand that failure to do so will result in undelivered support payments.

Please sign and mail the completed form to you local Clerk of Court Office or the Arizona State Disbursement Unit (SDU), as appropriate.

Local Clerk of Court and/or Arizona State Disbursement Unit (SDU) mailing addresses and contact number are listed below.

PRINT YOUR NAME	YOUR SIGNATURE	DATE
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NON IV-D CASES DIRECT DEPOSIT REQUESTS RETURN TO:

Pinal County Superior Court
Child Support Department
P.O. Box 628
Florence, AZ 85132

IV-D CASES DIRECT DEPOSIT REQUESTS RETURN TO:

Arizona State Disbursement Unit
EPC Unit
P.O. BOX 36626
Phoenix, AZ 85067-6626

ALL REQUESTS FOR EPC CARDS RETURN TO:

Arizona State Disbursement Unit
EPC Unit
P.O. BOX 36626
Phoenix, AZ 85067-6626

Phone: 520.866.5321