



DIRECT DEPOSIT ENROLLMENT AND AUTHORIZATION FORM

Send completed authorization to **DOJ / DCS, PO Box 14320, Salem, OR 97309** OR Fax to **503-986-2416**.

You must provide all information listed below.

If any information is missing the form will be returned to you causing a delay in your request.

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK; Applications completed with red ink or pencil will be returned.

Select one:

- Deposit payments into the account listed below for **ALL** of my active cases.
- Deposit payments into the account listed below for **ONLY** my following active cases:

More case numbers are listed on an attached piece of paper.

PERSONAL INFORMATION	Name: (Your name as currently listed on your support case) _____ <div style="display: flex; justify-content: space-between; width: 95%; font-size: small;"> LAST FIRST MI </div>	
	Date of Birth: (mm/dd/yyyy) ____/____/____ Social Security Number: ____-____-____	
	Current Address: Street Address (PO Box# / Apt. #), City, State, Zip Code, Country: _____	Contact Phone #: (____) _____

FINANCIAL INSTITUTION INFORMATION	Name of Financial Institution: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	Name of Account Holder: _____	
	Routing Number: _____	Account Number: _____
	ATTACH A VOIDED CHECK IDENTIFYING YOU AS A SIGNER ON THIS ACCOUNT	

If you do not have checks, you may attach other documentation that includes: <ul style="list-style-type: none"> ● The name of the financial institution ● Your name, and indicates you are the account holder or signer on the account ● Your routing number ● Your complete account number 	In lieu of a voided check or other verification, your financial institution representative may sign or stamp in this box to verify the bank information you have provided above is complete and accurate:
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AUTHORIZATION: I certify I am entitled to the payments for the cases listed above. I authorize the Oregon Child Support Program to initiate credit entries of my child support payments, and if necessary, debit entries for transactions made in error, into the account above. I understand my payments will continue to be deposited in this account and this authorization will remain in full force and effect, until the program receives written notification from me of termination or change of account or financial institution, at such time and in a manner to provide a reasonable opportunity to act on it. To change financial institutions or accounts, I will complete and submit a new Authorization form. By signing this form, I authorize the named financial institution to assist the Oregon Child Support Program in validating the account information provided by me as related to the requirements of this application.

INTERNATIONAL TRANSACTION CERTIFICATION

I certify that the entire amount of my direct deposit payment IS NOT deposited to a financial institution outside the U.S. (NOTE: If your entire net payment IS directed outside the U.S., contact the Oregon Child Support Program).

SIGNATURE: _____ **DATE:** _____

If we are not able to process this form with the information provided, would you like us to continue sending deposits to your account on record until a corrected application can be provided. (If neither option is checked, your deposits will be suspended until a valid and complete application can be processed.)

- YES, continue deposits**
- NO, suspend deposits**

If you have any questions about this form, contact us at 800-850-0228 or visit the Oregon Child Support Program website at: OregonChildSupport.gov.