

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Agency: Mississippi Department of Human Services
Division of Field Operations (DFO) Child Support
Direct Deposit Unit
P.O. Box 352
Jackson, MS 39205-0352

Please check one: START () CHANGE () STOP/TERMINATE ()

I hereby authorize the agency named above to deposit my child support payments directly to my () **CHECKING** **account.** YOU MUST send a preprinted voided check with this form or a letter from your bank that includes your account number and bank routing number. Write "void" across one of your blank checks and return it with this form. The account must be in the name of the custodial parent as the primary or joint account holder with the social security number verified in our case record.

I hereby authorize the agency named above to deposit my child support payments directly to my () **SAVINGS** **account.** YOU MUST return this form with a letter from your bank that includes your account number and bank routing number. The account must be in the name of the custodial parent as the primary or joint account holder with the social security number verified in our case record.

If I receive any money that was sent to me in error, I give permission for DFO to recover this money from future child support payments. I also authorize my bank, savings and loan or credit union to credit/debit my account accordingly.

Financial Institution Name _____ Branch _____

City _____ State _____ Zip Code _____

This authority shall remain in full force and effect until the agency, DFO-Direct Deposit Unit has received written notice to terminate this authority, and until DFO and the Financial Institution have been afforded a reasonable time to act on it. I agree to the following: to submit said form when I want to stop/terminate direct deposit or when I want to change to a different bank or account number.

Custodial Parent Name (please print)

Social Security Number

Custodial Parent Signature

Date

Current Mailing Address

Phone Number

STATE OFFICE USE ONLY:

Received Date: _____ Worker: _____ Entry Date: _____