MISSISSIPPI MDHS-CSE-686 ISSUED 06-01-16

CP:	
ADDRESS:	

DIRECT DEPOSIT INFORMATION FORM

support pay	acknowledges receipt of your Direct Deposit Authorization Agreement form for your child ments. You must provide additional information or additional documents to process your lirect deposit. Please provide the item(s) checked below:
	The account information provided is not the primary or joint account holder with the social security number verified in our case record.
	Please provide a voided blank check from your checking account that is imprinted with your name, account number, and routing number.
	Provide letterhead stationery from your bank or credit union which includes the name of the account holder(s), the account type, the account number and the bank routing number.
	The Direct Deposit Authorization Agreement form is incomplete.
	Documents received were copies. We must have original documents.
	The name listed as a custodial parent on the Direct Deposit Authorization Agreement form, check, or letter from the bank does not match the name in our records. Contact your local county child support enforcement office. This cannot be changed in the state office.
	The address provided on the Direct Deposit Authorization Agreement form does not match the address in our records. Contact your local county child support enforcement office. This cannot be changed in the state office.
	Based on our records, currently, there is not an open child support case. Contact your local county child support enforcement office.
	Other:

The requested information along with the original Direct Deposit Authorization Agreement form and banking information should be returned to the <u>Mississippi Department of Human Services</u>, <u>Division of Field Operations</u>, <u>Direct Deposit Unit</u>, <u>P.O. Box 352</u>, <u>Jackson</u>, <u>MS 39205-0352</u>.

If you need further information, contact the Mississippi Department of Human Services, Division of Field Operations, Direct Deposit Unit at 601-359-4702.