

MDHS-CSE-687
Revised 08-01-18

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Agency: Mississippi Department of Human Services (MDHS)
Division of Child Support Enforcement (DCSE)
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 submit a preprinted voided blank check, deposit slip, or a current date letter (bank's letterhead) from your bank that includes your account and routing bank numbers with this agreement to **Mississippi Department of Human Services, Division of Child Support Enforcement, Direct Deposit Unit, P.O. Box 352, Jackson, MS 39205-0352.** **Handwritten checks/deposit slips or bank statements are not acceptable.** Write "void" across your blank check or deposit slip before submitting with this agreement. The account must be in the name of the custodial parent (CP) 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 submit a current date letter (bank's letterhead) from your bank, savings and loan or credit union which includes the name of the account holder (s) and account and routing bank numbers with this agreement to **Mississippi Department of Human Services, Division of Child Support Enforcement, Direct Deposit Unit, P.O. Box 352, Jackson, MS 39205-0352.** 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.

The account and routing numbers must be identifiable and clearly visible on the instrument to prevent processing delays. If the account and/or routing bank numbers are not identifiable, the authorization agreement **will not** be processed and return.

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

Financial Institution Name: _____ Branch: _____
City: _____ State: _____ Zip: _____

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

Time frames commence when a correctly-completed authorization agreement is received by MDHS-DCSE Direct Deposit staff:

- **Initial request** - 2 weeks/14 calendar days for processing before being in active status
- **Change request** - 2 weeks/14 calendar days for processing before being in active status

NOTE: Payments not disbursed via direct deposit will be disbursed via the debit card. Electronic Payment Processing and Information Control (EPPIC) also known as the debit card is the MDHS-DCSE default disbursement method for collected child support.

- CP can only make one (1) stop/terminate change from direct deposit method back to the debit card.
- DCSE reserves the right to cancel the direct deposit option if the CP requests to change financial institution three (3) or more times during a 12-month period.

Custodial Parent Name (**please print**)

Social Security Number

Custodial Parent Signature

Date

Current Mailing Address

Phone Number

STATE OFFICE USE ONLY

Received Date: _____ MDHS-DCSE Staff: _____

System Entry Date: _____