

WI Support Collections Trust Fund (WI SCTF)
PO Box 70914
Milwaukee, WI 53207-0914

TEL: (800) 991-5530
TDD: (877) 209-5209

Direct Deposit Authorization

Please print and complete all the information below in Black or Blue ink.
Forms with missing information or check marks will not be processed.

Name: _____

Address: _____

City/State/ZIP: _____

Daytime Telephone: (____) _____

Home Telephone: (____) _____

Your Child Support PIN* _____

*Contact your Child Support Agency if you do not know your PIN.

Social Security Number: _____

Banking Information: See sample check as needed or contact your financial institution.

Bank Name: _____

Bank City, State: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type (Check One): Checking Savings

I want to (Check One): Sign up for Direct Deposit Change My Account Cancel Direct Deposit

I agree: (Check One)

The whole amount of my direct deposit payment **will not** be moved to an account **outside the United States**.

The whole amount of my direct deposit payment **will** be moved to an account **outside the United States**.

The date your payments were processed by the WI SCTF can be checked by calling the WI SCTF at the phone numbers at the top of this form or online at childsupport.wisconsin.gov.

It takes at least 2 business days from the date the WI SCTF processes your payment for your financial institution to credit a direct deposit payment to your bank account. In case of further delays, we recommend that you confirm the transaction with your financial institution. To stop direct deposit, you must call your child support agency or the WI SCTF.

You are responsible for ensuring that there are adequate funds in your account before withdrawing funds.

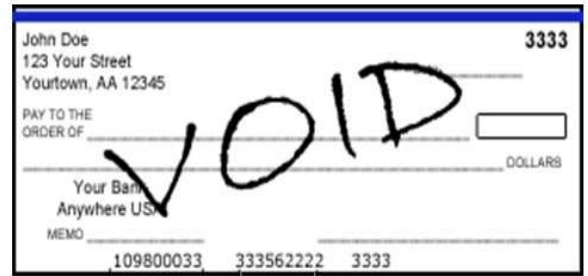
The Department of Children and Families and its vendors are not liable for overdraft fees and charges.

By signing this form, you authorize the WI Support Collections Trust Fund (WI SCTF) to initiate payments to the above account.

Signature: _____ Date: _____

Mail this form with your voided check to the address at the top of this form.

IMPORTANT:
Include a copy of your check showing the account and routing numbers and write "VOID" across the check.



Routing Number: 109800033
Account Number: 333562222

NOTE: If a voided check is not available, a letter from your bank verifying the Routing Number and the Account Number must be provided.