

# RHODE ISLAND KIDS CARD

## OFFICE OF CHILD SUPPORT SERVICES ELECTRONIC DISTRIBUTION ENROLLMENT/AUTHORIZATION FORM

Send completed authorization to **RI Office of Child Support Services, Accounting Office, 77 Dorrance Street, Providence RI 02903**, OR Fax to (401) 458-4409.

\* Required Fields. Incomplete Authorizations may be returned to you causing a delay in your request.

**PLEASE PRINT CLEARLY IN BLACK OR BLUE INK.**

### PERSONAL INFORMATION

**Case Number(s)** (Include all active Child Support case numbers. (Attach additional paperwork if necessary.)

\_\_\_\_\_

I understand that by signing this authorization all my Child Support payments will be directed to the electronic KIDS Card debit card.

**\*Name:** (The name that's currently on your Child Support checks)

\_\_\_\_\_  
LAST, FIRST, MI

**\*Date of Birth** (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **\*Social Security Number:** \_\_\_\_\_

**\*Current Address Street Address** (P.O. Box # / Apt #,) City, State, Zip Code, Country: \_\_\_\_\_

**\*Contact Phone #** : (\_\_\_\_) \_\_\_\_\_ Alternate Phone # (area code): (\_\_\_\_) \_\_\_\_\_

Check this box to give the OCSS permission to leave a detailed message about this application if needed: [  ]

**AUTHORIZATION:** I certify I am entitled to the payments for the cases listed above. I authorize the Rhode Island Office of Child Support Services (OCSS) 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 OCSS 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 OCSS 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 Rhode Island Office of Child Support Services).

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Information about fees associated with KeyBank is included in this mailing.  
You may also view the OCSS website at [www.cse.ri.gov](http://www.cse.ri.gov) for more information.

If you have any questions about this form, please contact 1-401-458-4400 or visit the Office of Child Support Services website at: [WWW.CSE.RI.GOV](http://WWW.CSE.RI.GOV)