



**THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILD SUPPORT SERVICES**  
**77 DORRANCE STREEP PROVIDENCE, RI 02903**  
**(401) 458-4400 [WWW.CSE.RI.GOV](http://WWW.CSE.RI.GOV)**

**AUTHORIZATION FOR DIRECT DEPOSIT FORM**

THE DEPARTMENT OF HUMAN SERVICES, OFFICE OF CHILD SUPPORT SERVICES SENDS ALL CUSTOMERS A WELCOME LETTER AND A KIDS CARD TO RECEIVE CHILD SUPPORT PAYMENTS AND INSTRUCTIONS ON HOW TO ACTIVATE THE CARD. THE OFFICE DOES NOT SEND PAPER CHECKS BY MAIL. ELECTRONIC PAYMENTS HAVE PROVEN TO BE A FAST, SAFE, RELIABLE AND SECURE WAY TO RECEIVE PAYMENTS AND A HUGE SAVINGS FOR STATE GOVERNMENT. YOU MAY INSTEAD DECIDE TO RECEIVE PAYMENTS THROUGH DIRECT DEPOSIT TO YOUR CHECKING OR SAVINGS ACCOUNT RATHER THAN THROUGH THE KIDS CARD.

IF YOU DECIDE TO RECEIVE PAYMENTS THROUGH DIRECT DEPOSIT, PLEASE COMPLETE THE LAST PAGE OF THIS FORM AND FOLLOW THE DIRECTIONS PROVIDED. IT MAY TAKE ONE MORE PAYMENT AND AN ADDITIONAL 14 DAYS BEFORE PAYMENTS WILL SWITCH FROM THE KIDS CARD TO YOUR DESIGNATED CHECKING OR SAVINGS ACCOUNT.

IN THE MEANTIME, YOU WILL CONTINUE TO RECEIVE YOUR SCHEDULED CHILD SUPPORT PAYMENTS TO YOUR DESIGNATED KIDS CARD ACCOUNT.

THE DEPARTMENT OF HUMAN SERVICES, OFFICE OF CHILD SUPPORT SERVICES, IS AUTHORIZED TO INITIATE DIRECT DEPOSIT OF CHILD SUPPORT TO MY ACCOUNT AT THE FINANCIAL INSTITUTION BELOW:

FINANCIAL INSTITUTION NAME:

BRANCH ADDRESS:

ACCOUNT NUMBER:

**ACCOUNT TYPE (MARK ONE):**

CHECKING ACCOUNT

- ATTACH A VOIDED BLANK CHECKING ACCOUNT TO WHICH THE DIRECT DEPOSIT WILL BE MADE

OR

- A LETTER FROM YOUR FINANCIAL INSTITUTION WITH YOUR NAME, ADDRESS, BANK ROUTING NUMBER, AND ACCOUNT NUMBER. THE LETTER MUST BE ON BLANK LETTERHEAD AND SIGNED BY A BANK REPRESENTATIVE.

**YOUR NAME MUST APPEAR ON THE ACCOUNT.**

\* PLEASE DO NOT SEND A DEPOSIT SLIP.

SAVINGS ACCOUNT

- ATTACH A LETTER FROM YOUR FINANCIAL INSTITUTION WITH YOUR NAME, ADDRESS, BANK ROUTING NUMBER, AND ACCOUNT NUMBER. THE LETTER MUST BE ON BLANK LETTERHEAD AND SIGNED BY A BANK REPRESENTATIVE.

**YOUR NAME MUST APPEAR ON THE ACCOUNT.**

\* PLEASE DO NOT SEND A DEPOSIT SLIP.

IF A PAYMENT IS INCORRECTLY DEPOSITED INTO YOUR ACCOUNT, CHILD SUPPORT SERVICES WILL IMMEDIATELY CORRECT THE MISTAKE AND NOTIFY YOU OF THE REMOVAL OF THE MIS-POSTED FUNDS FROM YOUR ACCOUNT.

THIS AUTHORITY REMAINS IN EFFECT UNTIL CHILD SUPPORT SERVICES HAS WRITTEN NOTIFICATION FROM YOU OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO GIVE CHILD SUPPORT SERVICES A REASONABLE OPPORTUNITY TO ACT ON IT.

YOUR NAME:

YOUR SOCIAL SECURITY NUMBER:

TELEPHONE NUMBER:

CELL  WORK  HOME

**NAME/SIGNATURE:**

**DATE:**