



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILD SUPPORT SERVICES
77 DORRANCE STREET
PROVIDENCE, RI 02903
(401) 458-4400 WWW.CSE.RI.GOV

AUTHORIZATION FOR DIRECT DEPOSIT

IF YOU DECIDE TO RECEIVE PAYMENTS THROUGH DIRECT DEPOSIT, PLEASE COMPLETE THE REQUIRED INFORMATION ON THIS FORM AND FOLLOW THE DIRECTIONS PROVIDED.

YOU WILL CONTINUE TO RECEIVE PAYMENTS ON YOUR KIDS CARD UNTIL THE PAPERWORK IS PROCESSED. YOUR CHECKING/SAVINGS ACCOUNT DEPOSIT WILL NOT BE ACTIVE UNTIL THE NEW INFORMATION IS ENTERED INTO OUR SYSTEM.

BY COMPLETING THIS FORM, YOU ARE AUTHORIZING THE DEPARTMENT OF HUMAN SERVICES, OFFICE OF CHILD SUPPORT SERVICES, TO INITIATE DIRECT DEPOSIT OF CHILD SUPPORT TO YOUR CHECKING/SAVINGS ACCOUNT AT THE FINANCIAL INSTITUTION BELOW.

FINANCIAL INSTITUTION NAME:

FINANCIAL INSTITUTION ADDRESS:

ACCOUNT NUMBER:

ACCOUNT TYPE (MARK ONE)

CHECKING ACCOUNT

- ATTACH A VOIDED BLANK CHECK FOR THE ACCOUNT WHERE 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 BANK 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 BANK LETTERHEAD AND SIGNED BY A BANK REPRESENTATIVE.
- YOUR NAME MUST APPEAR ON THE ACCOUNT.
- PLEASE DO NOT SEND A DEPOSIT SLIP

PLEASE BE ADVISED: IF A PAYMENT IS INCORRECTLY DEPOSITED INTO YOUR ACCOUNT, THE DEPARTMENT OF HUMAN SERVICES - OFFICE OF 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 THE OFFICE OF CHILD SUPPORT SERVICES HAS WRITTEN NOTIFICATION FROM YOU OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO GIVE THE OFFICE OF CHILD SUPPORT SERVICES A REASONABLE OPPORTUNITY TO ACT ON IT.

YOUR NAME:

SOCIAL SECURITY NUMBER:

PHONE:

CELL WORK HOME OTHER

SIGNATURE

DATE