**Refund Request Form**

**NCSPC: Nebraska Child Support Payment Center**

**Nebraska State Treasurer’s Office**

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| --- | --- |
| * Every effort will be made to recover 100% of the funds if the refund request is received **prior** to disbursement of the funds to the custodial parent (CP). * No refunds will be made after the funds have been disbursed to the custodial parent (CP) unless the CP agrees in writing to return the over payment. | |
| **Fax/E-mail/Mail this form to:** | Nebraska Child Support Payment Center  421 S 9th St Ste 137  Lincoln, NE 68508-2282  Fax: (402) 471-1193  Phone: (402) 471-1120  E-mail: nst.sdura@nebraska.gov |

**Requestor of Refund: Employer Other SDU Non-custodial Parent Custodial Parent**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company FEIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Refund Amount Requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Payment Type** (circle)**: EFT Check Web CC**

**Account Information: Routing #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Identifying Information:** (Please list Name/ARP/SSN/Case No./Etc.**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Refund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please Note: We cannot forward any payment on to any other agency. We can only refund monies back to the original Payor.**

Refund payable to the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Individual or Institution)

Address to which refund is to be sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please check one: Company Representative

(Signature/Date) SDU

DHHS