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Nebraska Child Support Payment Center

Refund Request Form

- 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).

Email, Fax, or Mail this form to: Nebraska Child Support Payment Center
421 S 9th St Ste 137
Lincoln, NE 68508-2282

Phone: (402) 471-1120 • Email: nst.sdura@nebraska.gov • Fax: (402) 471-1193

| Requestor of Refund: | Employer | Other SDU | Paying Parent | Receiving Parent |
|---|--|-----------|---------------|------------------|
| Name: _____ | Company Name: _____ | | | |
| Title: _____ | Company FEIN: _____ | | | |
| Phone: _____ | Email: _____ | | | |
| Refund Amount Requested: _____ | Payment Type: EFT Check Web CC | | | |
| Routing Number: _____ | Account Number: _____ | | | |
| Identifying Information (Any of: Name, ARP, SSN, Case #): _____ | | | | |
| Reason for Refund: | | | | |

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: _____
(Individual or Institution)

Address to which refund is to be sent:

| | | |
|------------------------------------|-------------------|------------------------|
| Completed by: _____ (Signature) | Role (check one): | Company Representative |
| Date: _____ | | SDU DHHS |